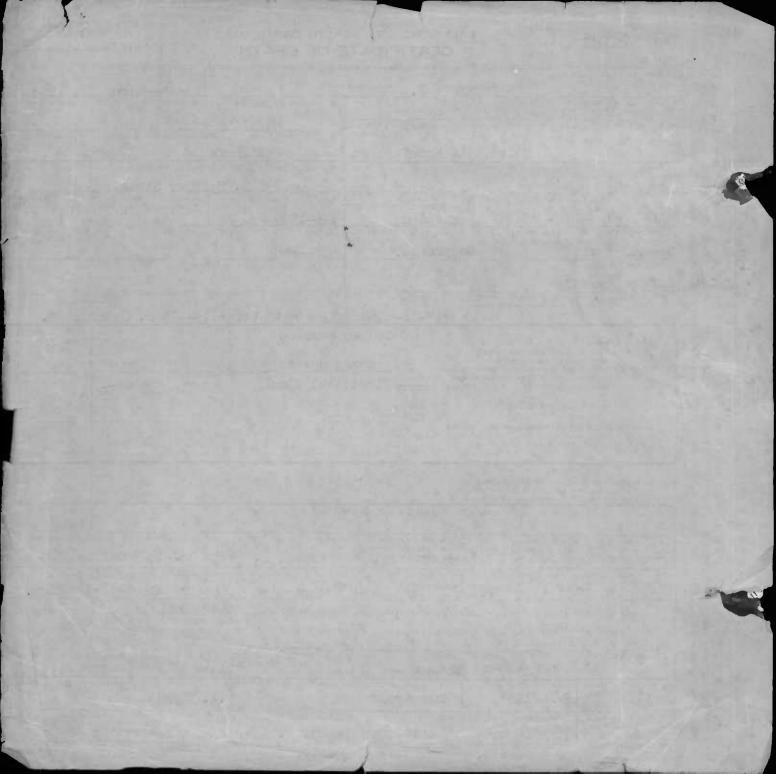
1990 ×

MARGIN RESERVED FOR BINDING

		33 38	Ul	CF	RTIFICAT	E OF DEATI	H	Registere	d No	r C. Nett
he		IRTH NO.		CL	THE TOAT	- OI DEAI				
E E	1. (T	NAME OF DE	ECEASED	PATRICK	J. DONNEL	1.7		2. DATE OF DEATH Ma	roh 22	1052
lied.		. PLACE OF DE	EATH: Sity, Maryland	TATILLOIL	O. DOWNET	4. USUAL RESIDE	ENCE (Whe			n: residence efore admission)
e carefully supplied.	B. H0	FULL NAME OF STITUTION		al or institution, g	give street address or location)	Mary		ıtside corporate l		RURAL and give
ully		- ITTOTION	Uni	versity H			imore	10	1-03	township)
gibly	C.	Length of st	tay in Baltimore	1	Yrs. Mos. Days	D. STREET ADDRE	S. Call	houn Stre	et	
l be		. SEX	6. COLOR OR RACE		ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH	1	9. AGE (in years	If Under 1 Year	t Under 24 Hours ys Hours Min.
of information should be uses of death clearly and	10	Male DA. USUAL OCC k done during most of	White CUPATION (Give kind of f working life, even if retired)		ried BUSINESS OR INDUSTRY	1-6-1899 11. BIRTHPLACE (S	State or fore	ign country)	12. Cif	IZEN OF AT COUNTRY
on sh		General 7	ork	Coppe		Ireland	IDEN	IE.	VVA	
ath		Joseph Do				14. MOTHER'S MA	IDEN NAM			
forn f de	15		D EVER IN U. S. ARMED	of service)	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
eauses o		no			7-18-6456	Alma Ruth D	onnell;	y-235 S.		St.
Every ite		(This does heart failu injury or	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea- complication which c ANTECEDENT CAUS	f dying, e.g., ns the disease, aused death.)	(A) Asphyx	la due to	***************************************			
NG INK.	CATION	RISE TO TI	OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING THE	(B)					
UNFADING Physicians:	ERTIFICA	TRIBUTING TO THE DI	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED CAUSING IT.		Ÿ				
	LC	19A. DATE O	F OPERATION 19	98. MAJOR FIN	IDINGS OF OPER	RATION			20 YE:	AUTOPSY?
LY, WITH important.	EDICA	UNDERLYING	IAL CAUSE WAS G M OR CONTRIB- AUSE OF DEATH.	about home, farm, fa	OF INJURY (e. g., i actory, street, office bldg., lustrial	on or 21c. WHERE DINJURY OCCUPATION TO SEPH E.	R?	in Baltimore Cit	ty, give exac	t location)
	M	21b. TIME () OF INJURY March 23	Month) (Day) (Year)		INJURY OCCURR NOT WHILE AT WORK	ED 21F. HOW DID	INJURY (OCCUR? Appa	rently	
PL. ciall			y that I took char			above, held an	auto	psy	there	on and from
ITE PL. especiall		the evidand dec	dence obtained by ath in my opinion	said Autopsy, resulted from	, Inspection or .: natural cause	Inquiry, find that s \square , accident K .	said dece suicide [], homicide [the day :], undetern	nined [].
age is		23A. SIGNAT	URE R	Fish	er M	23B. CHIEF ME ASSISTANT ME 1.D. MEDICAL INVE	EDICAL EX	AMINER	23c. DATE	24, 1953
PLEASE WRITE correct age is esp	24 TIG	4A. BURIAL, C ON REMOVAL (SI BUTIAL	REMA- pecify) 3/26/195			RY OR CREMATORY	24D. LOC	County, 1	_	y) (State)
PL	D, LC Ms	ATE RECEIVED	BY REGISTRAR'S	SSIGNATURE	are MT	25. FUNERAL DIR		lters_Pro	ADDRE	

treet years If Under 1 Year Hours Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS S. Calhoun St. INTERVAL BETWEEN 20. AUTOPSY YES X ore City, give exact location) 303 Carroll St. 7 Apparently lectrical switch thereon and from Inquiry and on the day stated above, ide \square , undetermined \square . 1 23c. DATE SIGNED March 24, 1953 city, town, or county) y, Md. ADDRESS -Pratt & Stricker



	1117	10						
	~			TIMORE CITY H				3002
	IRTH NO.53	3002		CERTIFICAT	E OF DEAT	Н	Registered	No
1	NAME OF DEC					2	. DATE	
	Type or Print)	JOHN!	DENT	ORD			DEATH 3 -	24-53
3	. PLACE OF DEA . Baltimore Cit	TH: V Maryland			4. USUAL RESID	ENCE (Where	e deceased lived, l	f institution : residence before admission
В	FULL NAME OF		al or institut	ion, give street address o	141	9 Holl	INSST	MID
	OSPITAL OR NSTITUTION .	TO 11 11 1		location	c. CITY OR TOWN	(If outs	side corporate lim	its, write RURAL and giv
	21/4	FRANKLI	N JOS			ALTIMI		9-0-2
			1 15	Yrs. Mos.	D. STREET ADDR			
		y in Baltimore	LIF		1419	HOLL		VID
	NA I	COLOR OF RACE	WIDOW	E, MARRIED, ZED, DIVORCED (Specify	8. DATE OF BIRTI	1100	AGE (In years last birthday) M	ff Under 1 Year If Under 24 Hours Onths Days Hours Min
. -	THE HALL CORE	MHILE		RRIEU	3-1-189		60	
WO	k done duting met of w	JPATION (Give kind of grking life, oven if retired)		OF BUSINESS OR			(n country)	12. CITIZEN OF WHAT COUNTRY
-	3. FATHER'S NA		NE	- 40 /	MARYL			U.S.A.
	S. FATHER S NA	1.	1) 504		14. MOTHER'S MA	6	16	-111:04-
-	E WAS DECEASED	AUGUST EVER IN U. S. ARME			UNKNO	MNON	MILYJANE	WINTS
(Y	es, no or nnknown)	(If yes, give war or date	a of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
_					WIFE	-MABEL	JAA	INTERVAL BETWEE
	(This does n heart failure	OR CONDITION EADING TO DEA tot mean the mode tot, asthenia, etc. It mean complication which	TH of dying, e. s ans the diseas	g., (A) Cer	soral 7	hemi	onhay	ONSET AND DEAT
		NTECEDENT CAUS		Les	queten seular		a. di.	
ATION		OR CONDITIONS,		(B)	yper en	sus c	aioco	
¥ Y		MG CONDITION L		HE DUE TO	seulur	disc	case	
RTIFIC				(C)	·····			
F	OTHER SIG	II SNIFICANT COND	ITIONS CO	٧-				
		TO THE DEATH, BUT				***************************************		
				FINDINGS OF OPE	RATION	19 11 25 25	H273 T	20. AUTOPSY?
ĕ			1			(78 :-	The last of the la	YES NO
EDIC	HOMICIDE	(Specify)	about home,	ACE OF INJURY (e. g., arm,factory,street,office hidg.	in or 21c. WHERE I etc.) INJURY OCCL		Baltimore City,	give exact location)
Σ	21D. TIME (M	onth) (Day) (Year	(Hour)	21E. INJURY OCCURE	ED 21F. HOW DIE	INJURY O	CCUR?	
	OF THOOK?		m.	WHILE AT NOT WHILE				
	22. I herchy	certify that I at	tended the	deceased from 3/	/13 , 19.5	3 to 3 /	24 .195	3, that I last saw th
	deceased aliv		19 5 3	and that death occu	rred at 5:00 am	, from the	causes and on	the date stated above
	23A. SIGNATU		6		23B. ADDRESS		Total Inches	23c. DATE SIGNED
		Mayin	- Repli	cantry M.D.	FRANKLIN S			3-24-53
S Z	A BURIAL, CR	EMA- 248. 10 KTE	1953	PU I SEMET	RY OF CREMATORY	24D. LOCA	ATION (City, tow	n, or county) (State)
	ATE RECEIVED		SIGNATU	IRE	26 FUNEBAL DIE	PECPOR C	1 /no 10	ADDRESS
	OCAL REGISTRA	AR Hunting	Non My	Maura- Mas	not !	08/3	·111.U	alters
	V3 150 10	5-		2906A	Amth	V	tuck	Le OK

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

USA ADDRESS 2319 ONSET AND DEATH CHRONIC PROGRESSIVE EMPHYSEMA 20. AUTOPSY (If in Baltimore City, give exact location) 2,3053 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) Baltimore Co.. ADDRESS Howard Strong 3207 W. North

53 3003

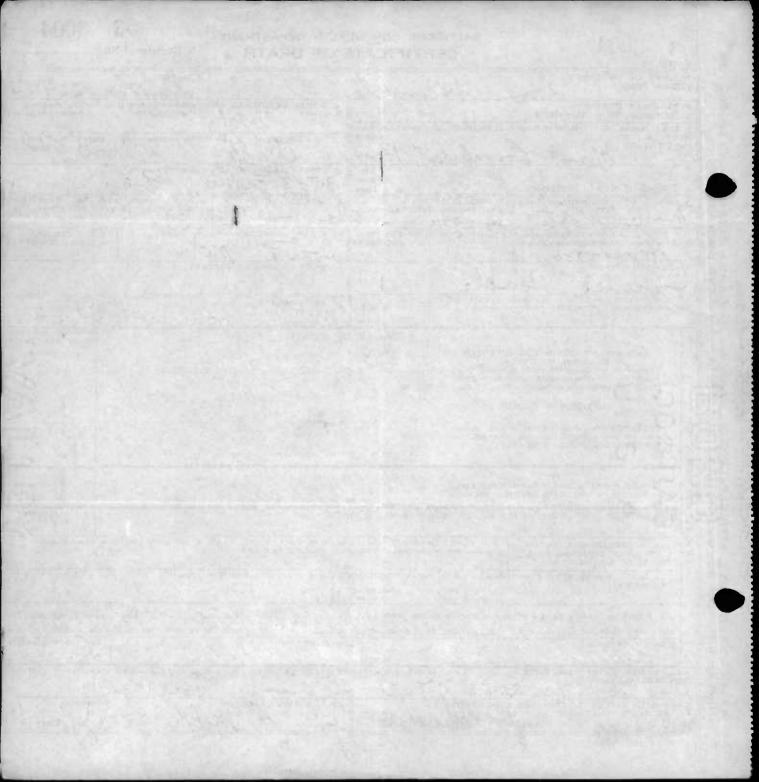
SALTIMORE

before admission)

12. CITIZEN OF

WHAT COUNTRY?

AND THE RESIDENCE OF THE PROPERTY OF THE RESIDENCE OF THE



111-	X	BALTIMORE CITY HE	V / N M.
e e	p.	53 3005 CERTIFICATI	
d. The	1.	NAME OF DECEASED ype or Print)	2. DATE OF DEATH No. 22 1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland Belts, City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
ully su	HO	FULL NAME OF (If not in hospital or institution, give street ddress or location)	C. CITY OR TOWN (If outside corporate limits, write BURAL and give township)
	-	JOHNS HOPKINS HOSPITAL Yrs. Mos. Mos. Days	D. STREET ADDRESS (If rural give location) Danger
ld be	-	SEX 6.COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCOD (Specify)	8. DATE OF BIRTH 9. AGE (In years II low 1 Year II under 24 Hours Last birthday) Months Days Hours Min.
on should clearly a	10	A. USUAL OCCUPATION (Give kind of Adopteduring most of Langlist even if retired) Adopteduring most of Langlist even if retired)	11. BIRTHBLACE (State or foreign country) 12. CITIZEN OF WHAT CQUNTRY?
G matior eath c	13	FATHER'S PAME Winn Shapped	14. MOTHER'S MAIDEN NAME
nfor of d	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or beknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
BI of use		18. 434.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
D FOR ery item e the ca		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	eden failer
		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	Pulmonale
RESEI INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Instant and
MARGIN UNFADING Physicians:	IFICA	(c) //	House spol
MAH UNFA Physic	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H-1	DICAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
LY, WITH	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., to	etc.) INJURY OCCUR?
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	11.1.0d=
TE PL especia		22. I hereby certain that I attended the deceased from	rred at 10.20 m., from the causes and on the date stated above.
RI		nederick h = Seil M.O.	JOHNS HOPKINS HOSPITAL 3-23-53
田島	TIC	PREMOVAL (Specify) 3/26/53 24C. NANE OF CEMENTE	ery or CREMATORY 240 LOCATION (Gity, town, or county) (State)
PLEAS correct	D. V	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR AR 74 1943	Elever O. Wilson For Bunty
		VS 150 Released b	6970130 petal

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

							l	l	l		ı
PLEASE WRITE PL. NLY, WITH UNFADING INK. Every item of information shou	Z S	ILY,	WITH	UNFADING	INK.	Every	item	of	infor	mation	shou
correct age is especi important. Physicians: please write the causes of death clearly		impo	rtant.	Physicians:	please	write t	he car	Ises	of d	leath c	learly

			BAL	TIMORE CITY	HEA	LTH DEPARTMEN		0000	
13	IRTH NO.	5		CERTIFIC	ATE	OF DEATH	Registere	4 No.3006	-
1	NAME OF Drype or Print)	Charles F	2 CIRI	FFITH			2. DATE OF DEATH 3 -	-23-53	
	PLACE OF D		7			4. USUAL RESIDENCE			(n)
В	FULL NAME	OF (If not in bospit			ss or	Maryland	120	Item mis	
li ii	OSPITAL OR NSTITUTION	Union Me Hospita		Loca	tion)	Raspebu		mits, write RURAL and g townsh	
	Length of s	stay in Baltimore		7	Yrs. Mos. Days	8316 BCC	If rural, give location AIR load		
5	M.	6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (S) RRIED	pecify)	9 -3 - 186	9. AGE (In years last birthday)	fi linder 1 Year If linder 24 file Months Days Hours Mi	in.
10 wor	k done during met.	CUPATION (Give kind of of working life even if retired)	Retne	OF BUSINESS O		Balli MOR		12. CITIZEN OF WHAT COUNTS	?Y?
1	FATHER'S	NAME - A	FFITH		1	4. MOTHER'S MAIDEN ELISABETH	-		
1 (Y	5. WAS DECEAS es, no or unknown)	ED EVER IN U. S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY N	10.	7. INFORMANT WIFE		ADDRESS Same	
-	18. 420			CAU	SE OI	F DEATH		INTERVAL BETWE	
		SE OR CONDITION LEADING TO DEA					1. 1 +	ONSET AND DEA	(IH
		s not mean the mode ure, asthenia, etc. It me	of dying, e. g		ron	any + general	get arterios	clerons	
	injury or	complication which	caused death.	.) QUE TO	,	0	0		4
Z		ANTECEDENT CAU	SES	(B) ST	eno	sis 87 mitra	l value		
TIO	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A)	STATING TH		1	8	+		
ICA	UNDERL	YING CONDITION L	AST.	ch	nos	ic passive,	congestio	n	
RTIFIC		11		(C) 07	lu	ngs + porle	I system		
I ER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D A	rde	ionnecala			
7				FINDINGS OF	PERAT	TION /		20. AUTOPSY	?
OA	21A ACCIDI	ENT, SUICIDE,	218 PLA	CE OF INJURY (e g in o	r 21c. WHERE DID	(If in Baltimore Cit	yes No	_
EDIC	HOMICIDE	(Specify)	about home, fe	arm, factory, street, office	bldg., etc.) INJURY OCCUR?		, 8	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCC	URRED	21F. HOW DID INJU	IRY OCCUR?		
	- INSORT		m. V		ORK	,			
	22. I hereb	y certify that I at	tended the	deceased from_	3-2	2 - , 1953, to		53, that I last saw	
1	deceased a		_, 1933,	and that death o		ed at 4.36 p.m., from	the causes and or	n the date stated abo	
	1	Hubbo	nd	м. Б	191	nion Memoria	OHos Balto.	Md Warch 23, 19:	5
2 T	4A. BURIAL.	CREMA 24B. DATE	1-12	4c. NAME OF CEN	METERY	OR CREMATORY 24D	LOCATION (City, to	wn, or county) (State	e)
17	ATE RECEIVE	D BY REGISTRAR	153	DALFIN	LOR	5 FUNERAL DIRECTO	SHUINI	ADDRESS	
L	OCAL REGIST	RAR Hunting	-Jun 11/	liamo Ma	0/	Juny Flore	man 16 30	Bronder	
7	VS 150	33	F BEA	TOTAL TOTAL		2000 127 191	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in or way	
		M. estiman Ma	4		4				

in Gi.

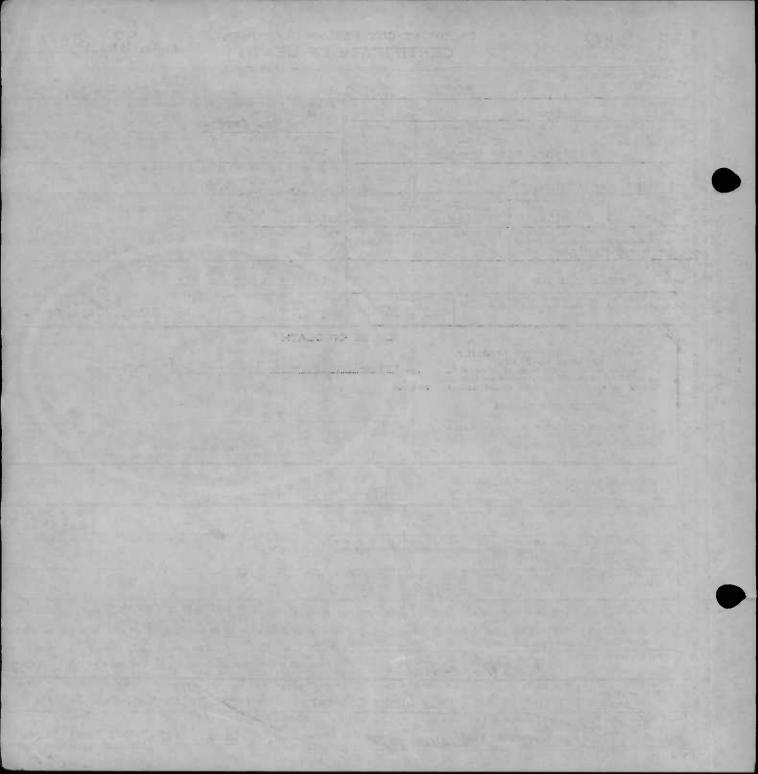
VS

151

7-	56	0
53	300	37
BIRTH N	0.	
1 NAME	OF DE	CEAS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	IRTH NO.		CERT	IFICATE	OF DEATI	H	Registered	110
1.	NAME OF D	ECEASED				2	. DATE	
(1	Type or Print)		MANUEL	ROMERO			OF DEATH MR	rch 19, 1953
	. PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	ENCE (When		If institution : residence before admission
B.	FULL NAME		al or institution, give st	reet address or location)		Jersey	V-	
11	NSTITUTION	Baltimore C	ity Morque	1000000,	Bayonne	(II out	side corporate iin	nits, write RURAL and giv township
	-	201101010	Log Hore, ac	Yrs.	D. STREET ADDRE	ESS (lf rur	al, give location)	
c	. Length of s	tay in Baltimore		Mos. Days	84 W. 18th	Street		
5	. SEX	6. COLOR OR RACE	7. SINGLE, MARRIE WIDOWED, DIVO	ED.	8. DATE OF BIRTH		AGE (in years	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
	Male	White	Single	(CED (spans)	October 8, 1	L902	50?	Noncia Days Rours Mini
WOL	Merchant	CUPATION (Givekiod of of working life, even if retired) Marine	10B. KIND OF BUS	INESS OR INDUSTRY	Spain	State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY unknown
13	3. FATHER'S N				14. MOTHER'S MA	IDEN NAM	E	
	Manu	el Romero			Riviera Con	nstantir	nia	
15 (Ye	5. WAS DECEASE	D EVER IN U.S. ARME (If yee, give war or date	of service) 16. SOC SEC 073-16	LIDITY NO	17. INFORMANT Wm. R. Migli	iaccio,	851 Blvd.	ADDRESS, Bayonne, N.J.
	18. 422	1.1 and 3	22.1	CAUSE	OF DEATH			INTERVAL BETWEE
		SE OR CONDITION LEADING TO DEA	TH					
		not mean the mode are, asthenia, etc. It mes	of dying, e. g., (A) Arterio	scleratic ca	ardiovas	scular dis	sease
1	injury or	complication which	caused death.) DUE	то				
		ANTECEDENT CAU	SES					-/3
Z	DISEASES	S OR CONDITIONS,	F ANY, GIVING)	******************************		***************************	***************************************
E	UNDERLY	THE ABOVE CAUSE (A)	AST.)				
C			(0	,				
RTIFICATION		II IGNIFICANT COND		Chronio	alcoholism			
Ш		TO THE DEATH, BUT		OHIGHIC	alconolism			
U	19A. DATE O	F OPERATION 1	9B. MAJOR FINDING	S OF OPER	ATION			20. AUTOPSY?
Y	21. EVIERA	NAL CAUSE WAS	218. PLACE OF IN	LILIRY (e. g., in	or 21c. WHERE D	ID (lf ir	Baltimore City.	give exact location)
EDICAL	UNDERLYIN	G OR CONTRIB-	about home, farm, factory,	treet, office bldg., et				
Σ	OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJU WHILE AT WORK	RY OCCURRE	D 21F. HOW DID	INJURY O	CCUR?	
	22. I certi	fy that I took char	rue of the remains	described a	bove, held an ir	spectio	n & inqui	ry thereon and from
	the evi	dence obtained by		pection or I	iquiry, find that	Autopsy, Insp said dece	section or Inquir	y the day stated above
	23A. SIGNAT		O . A	carac caases	23B, CHIEF ME	EDICAL EXA	MINER 2 1 2	3c. DATE SIGNED
		K	Sorshe	M.	D. MEDICAL INVE	EDICAL EXA	MINER	March 20, 1953
2. TI	4A. BURIAL, CON, REMOVAL (S	DREMA- 245. DATE			Y OR CREMATORY	24b. LOCA	ATION (City, tow	
	Remova	al 3/24/53	Holy (Cross Cen			rlington,	New Jersey
	ATE RECEIVE		S SIGNATURE	1 1 1	25. FUNERAL DIR		1017 0	ADDRESS



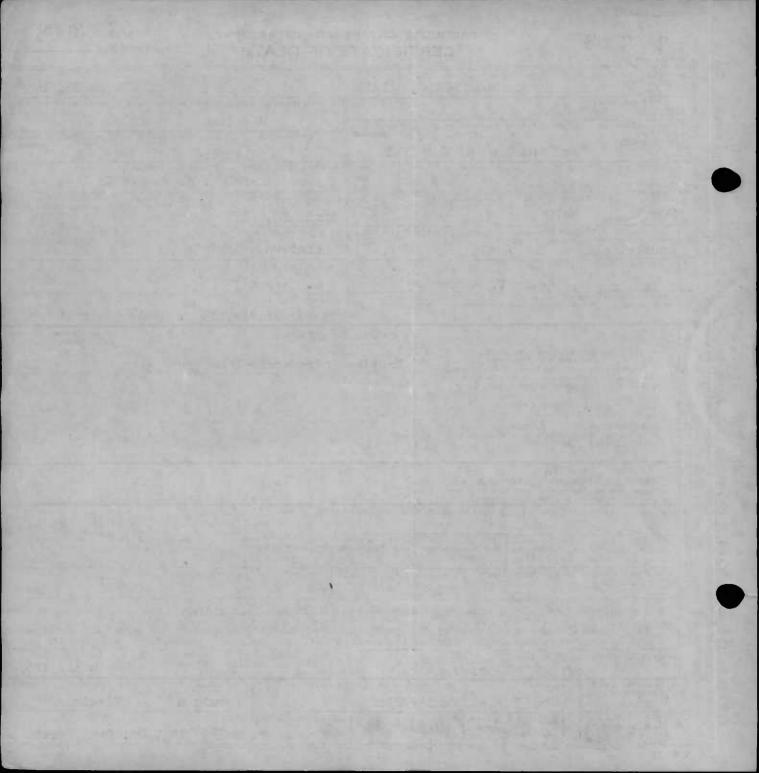
CVE	EV	writ
RESEL	INK.	please
MARGIN RESERVE	PLEASE WRITE PL. ILY, WITH UNFADING INK. EV	Physicians:
	WITH	rtant.
	LY,	impo
	PL.	ecially
	ITE	esp
	WR	ge is
	EASE	rect a
	PL	cor

53 3008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3008

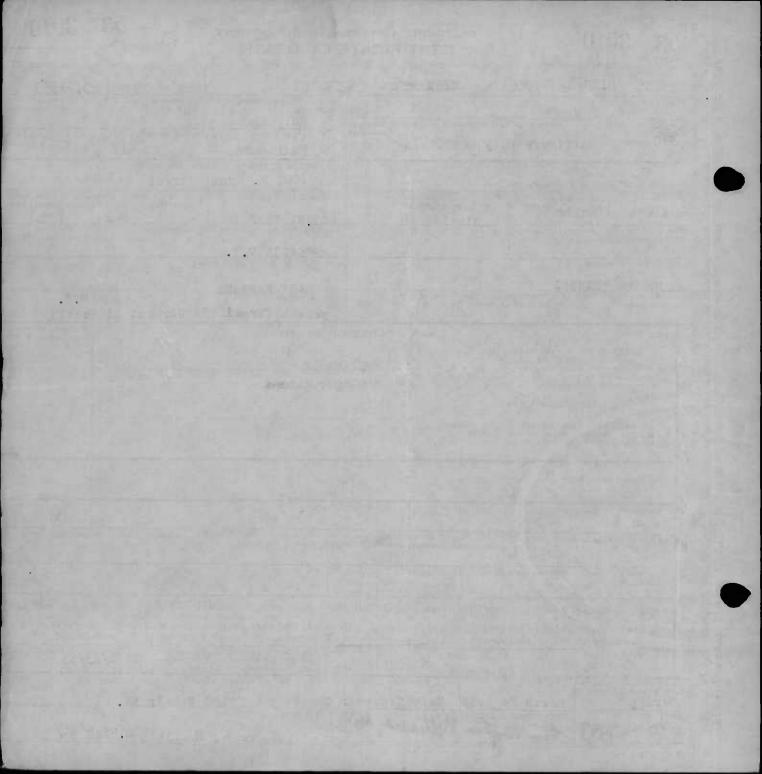
BIRTH NO.	700		CERTIFICAT	E OF DEAT	Н	Registered	d No	
1. NAME OF C (Type or Print)	DECEASED	FLORE	NCE L. BLADES		2	. DATE OF DEATH	farch 23	. 1953
3. PLACE OF E	City, Maryland		200	4. USUAL RESID	ENCE (Wher		If institution	
B. FULL NAME		al or institut	tion, give street address or		aryland	B. COON11	Ger	ore aumission)
HOSPITAL OR	Manual and C		location)	C. CITY OR TOWN		side corporate lin	mits, write KU	JRAL and give
	Maryland (eneral	HOSPILEL Yrs.	D. STREET ADDR	ltimore		-02	
c Length of	stay in Baltimore		Mos.			Royal Ave		
5. SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTI		AGE (in years)	If Under 1 Year	If Under 24 Hours
Female	White	Divo	ved, divorced (Specify) rced	April 20, I	1899	last birthday)	Months Days	Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		n country)	12. CITIZ	
housewif	e		INDUSTRE	Horntown,	Virgini	.a	WHA	T COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MA	AIDEN NAME			
		T. Par	ker	L. Medora	a			
Yes, no or unknnwn)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
				Webster Blac	des, 15	W. Madiso	on Stree	et
Z DISEASE O RISE TO UNDERL UNDERL OTHER S TRIBUTING	Complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVII STATING TO ST. TIONS COI NOT RELATI	(B)					
. ISA. DAIL C	OF OPERATION I	9B. MAJOR	FINDINGS OF OPER	ATION			20. A	AUTOPSY?
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, nffice bldg., e			Baltimore City	, give exact	
	(Month) (Day) (Year)		2 IE. INJURY OCCURRI		INJURY O	CCUR7		
22. I certi	fy that I took char	ge of the	remains described a	bove, held an	autop	sy	thereo:	n and from
the evand de	idence obtained by eath in my opinion	said Auto	ppsy, Inspection or I from: natural causes	nquiry, find that	said decca	ection or Inquirused died on homicide	the day st	ated above, ined
23A. SIGNA	0500	ish		238. CHIEF ME ASSISTANT MI D. MEDICAL INV	EDICAL EXA ESTIGATOR	MINER	arch 24	, 1953
tion, REMOVAL (S burial	3/25/53	H 85	24c. NAME OF CEMETE Family Plot		Hornto	TION (City, tov	Virgini	La
DATE RECEIVE		SIGNATIL	Pilliaus My	Vm. Cook		1217 St.	· Paul S	
V S 151								(1)



L	Ys .	62	J								
Tue		53 300 RTH NO.	9	ВА			TH DEPART		Segistered Segistered	3009 No.	
	(T	NAME OF DEC	uke 1	Hercl	row			wsk!		23-53	ence
IIIy supplied	B. HC	Baltimore Cit FULL NAME OF SETITUTION		spital or institu	tion, give street a	ddress or	1428 C	(If outs	B. COUNTY	its, write RURAL a	7
e carefully.			y in Baltimore		7 46	Yrs. D. Mos. Days	STREET ADDRE	CHUI	ISA CTO. I, give location) R (W S	70.	
should be	10	A. USUAL OCCI	JPATION (Givekin	Selection of the select	e, MARRIED, WED, DIVORCEI D OF BUSINES	S OR 11	LL 4 /		last birthday) N	lonths Days Hours	F
information shous of death clearly		LABOR.		Parisi	allem.		MOTHER'S MA	IDEN NAME		WHAT COU	INTRY?
of	15 (Yes	. WAS DECEASED	EVER IN U. S. AR (If yes, give war or	MED FORCES?	16. SOCIAL SECURIT	TY NO. 17	INFORMANT C JOSEPH	GRIBE	ĸ	ADDRESS	
Every item of i		(This does r heart failure	OR CONDITIC EADING TO D tot mean the mod , asthenia, etc. It implication whice	EATH de of dying, e. means the disea	g., (A) se,	AUSE OF	peath nie	Getu	ıslin	INTERVAL BE	
link.	SATION	DISEASES O	NTECEDENT CA DR CONDITIONS E ABOVE CAUSE NG CONDITION	S, IF ANY, GIVI		Can	ann	w '	Stoma	d	**********
Physicians: 1	CERTIFIC	TRIBUTING '	II SNIFICANT COI TO THE DEATH, E EASE OR CONDIT	UT NOT RELAT	N -	du	mia	Ten	nina	l	************
important.	DICAL	21A. ACCIDEN		218. PL	ACE OF INJUR	Y (e. g., in or	21c. WHERE D		Baltimore City,	20. AUTOF	NO 🗌
impon	MEC		(Specify) sonth) (Day) (Ye		21E. INJURY C		21F. HOW DID		CUR7		
KITE F			e on 3-23	attended the	deceased fro	m 3-1 th occurred				_, that I last so the date stated	above.
age	24 TIC	IA. BURIAL, CR	ald L	Jeh	24d. NAME OF	M. D. 4	OR CREMATORY	24D. LOCA	TION (Vity, tow	3-23- n, or county)	State)
Correct a	D/ LC	ATE RECEIVED CAL REGISTRA	BY REGISTRA	AR'S SIGNATI	14.1.20	25 A M	FUNERAL DIRI	T G	2 ARUND ONCE	ADDRESS 4001 Ro	7E 1/1
		VS 150		Ø		9)00	4R			Henry	1.

HYGICAG TY TO HAMP

11	000	110	BAI	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	53 Registered No.	3010
1 (5	NAME OF RETYPE OF PRINTS	richard Jos	ЕРН 6	RECOURT	TERESI 4. USUAL RESIDENCE (1)	2. DATE OF DEATH March	
B H		City, Maryland		tion, give street address or location) Spitals	A. STATE Maryland	B. COUNTY f outside corporate limits,	before admission
С	. Length of :	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (III 1001 E. Prat		
	Male	6.COLOR OR RACE White	WIDOV		8. DATE OF BIRTH NOV 21 1952	last birthday) Month	ioi f Year hs Days Hours Min.
W O:		CCUPATION (Give kind of of working life, even if retired) NAME	IOB. KINL	OF BUSINESS OR INDUSTRY	BROOKLIN N.Y. 14. MOTHER'S MAIDEN N		2. CITIZEN OF WHAT COUNTRY
1 (Y	5. WAS DECEAS	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	MARY ZARZANA 17. INFORMANT Joseph Teresi		PROPER TO SERVICE OF THE PROPERTY OF THE PROPE
RTIFICATION	(This doe heart fail injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA' is not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS CS OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. ons the diseacaused death SES FANY, GIVIT STATING T	g., (A) Septi	of DEATH		INTERVAL BETWEE!
lul	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT			
DICAL C	21A. EXTER UNDERLYIN	NAL CAUSE WAS	1 218. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City, giv	YES NO E exact location)
MEC		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	the en	idence obtained by eath in my opinion	said Aut	remains described of opsy, Inspection or information in the cause of t		Inspection or Inquiry leceased died on the	thereon and from day stated above letermined DATE SIGNED 23/53
T	24A. BURIAL. ION, REMOVAL (Burial DATE RECEIVE	Specify) March 2	4 1953	Hely Redeme	I.D. MEDICAL INVESTIGA RY OR CREMATORY 24d. I	LOCATION (City, town, or	
	MAR 74	993 Hunti	nator	Williams, My	From Delle	Wholesza s. His	th St/



MAY 195959 53 3011

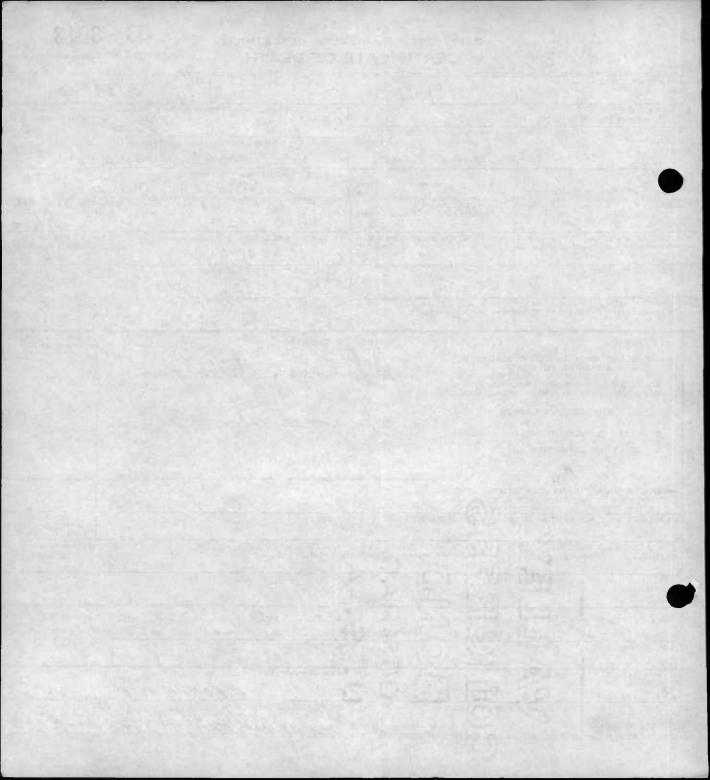
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICAT	E OF DEATH REGISTERED TO	
1. NAME OF DECEASED (Type or Print)	Lee York	2. DATE OF DEATH Mar. 2:	1, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF ALTIMORE CITY OF THE PROPERTY O	al or institution, give street address or ty Hospitals location) a Avenue	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, Baltimore)	before admission)
c. Oth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4944	0 Eastern Ave
5. SEX 6. COLOR OR RACE M Chinese	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Mar. 29, 1875 9. AGE (In years Illing the birthday) Mont	nder I Year Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 1 Canton, China	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Lee Tai		14. MOTHER'S MAIDEN NAME Leu Hen	
15. WAS DECEASED EVER IN U. S. ARMEI Yes, no or nnknown) (1f yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17 Records: Balto City Hospita	RESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean in jury or complication which of the complex of t	rth rid	onary Tuberculosis	
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., 0 (Hour) 21E. INJURY OCCURR	ob.) INJURY OCCUR?	
22. I hereby certify that I att deceased alive on 3-21 23A. SIGNATURE	_, 1953 , and that death occur	11-8, 1946, to 3-21, 19 53, rred at 4:50P m., from the causes and on the	that I last saw the date stated above 23c. DATE SIGNED 3-21-53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR	24c. NAME OF CEMETE 3 S SIGNATURE	RY OR CREMATORY 24d. LOCATION (City, town, or	

·{\] 7 · THE PART OF THE policy of the about on the about the THE THE THE PARTY OF THE PARTY THE STATE OF THE PERSON OF THE RESERVE OF THE RESER of other news and with the

33	50									
53 Bigth No	3012					OF DE		Registe	53 ered No.	3015
1. NAME (Type or P	OF DECEAS	ED CHIZ	Louis	Ton.	Thu	dais	1	2. DATE OF DEATH	March	1/3/13
	ore City, M	Iaryland	257	Call	esh	4. USUAL RE	SIDENCE (W	Where deceased like		ution: residence before admission)
HOSPITAL	OR .	24	Don	110/	location)	C. CITY OR T	OWN (If	outside corporate	e limits, wri	te RUKAL and give township)
C Cath	of stay in	Paltimona	110/	(3	Yrs.	D. STREET A	DDRESS (If	fural, give location	on)	/_
5. SEX		OR OR RACE		MARRIED ED; DIVORO		8. DATE OF E	114/186Q	9. AGE (In year last birthda;	ars it Under y) Months	Year If Under 24 Hours Days Hours Min.
10A. USUA vork done durin	g most of working	ON (Give kind of life even if retired)	10B. KIND	OF BUSIN	ESS OR INDUSTRY	II. BIRTHPLA	CE (State of it	breign country)		SITIZEN OF
13. FATHE	PIME	211.71	CIIPE	luis	1	14. MOTHER'S	MAIDEN N	AME	1/21	(.
15. WAS DE	CEASED EVER	IN L. S. ARNED	FORCES? of service)	16. SOCIA SECUF 2/4-/2-	13/3 X	17. INFORMA	itta B	Hauchain	ADDRE	55/20/5
1	20.1	I CONDITION I	OIRECTIV		CAUSE C	F DEATH	/	inny war		NTERVAL BETWEEN PNSET AND DEATH
(Thi	LEAD: s does not mo t failure, asthe	ING TO DEAT can the mode of cnia, etc. It mean cation which co	H dying, e. g as the disease		Coro	rary	Throm	losis		1 day.
		EDENT CAUS) OUE TO		1.	<i>t</i>			
RISE	TO THE ABO	ONDITIONS, IF VE CAUSE (A) ONDITION LAS	STATING TH	E DUE TO		My 110	wy a			ver a yeur
		11								Canan
M TRIB	UTING TO TH	CANT CONDITION E OF CONDITION	NOT RELATE	0	mone	Hype	rtens	on .		years:
」 19A. D∕	ATE OF OPE	RATION 1	B. MAJOR	FINDINGS	OF OPERA	ATION //				20. AUTOPSY?
LYING	CCIDENT WE OF DEATH	AS UNDER-			JRY (e. g., in et, office bldg., et			If in Baltimore	City, give e	exact location)
210. TI	ME (Month)	(Day) (Year)		HILE AT WORK	OCCURRE NOT WHILE	D 21F. HOW	DID INJURY	OCCUR?		
										at I last saw the
	IGNATURE			2766 07660 6	23	B. ADDRESS		4 .(/		C. DATE SIGNED
24A BUR TION, REMO	IAL, CREMA VAL (Specify)	24B. DATE		4C. NAME	of CEMETER	TO I MI	09Y 24D. L	OCATION (City,	town, or co	unty) (State)
	EIVED BY	REGISTRAR'S		REMIAL	water	25. FUNERAL	DIRECTOR	ren D	ADI ADI	PRESS
VS 1	50	- 3,5 S A 6"	Ö		390	99		(1.)	CAVO	1

650	53 3013					
53 - 3013 CERTIFICATE OF DEATH Registered No.						
BIRTH NO. 7 J = 0 / V &						
1. NAME OF DECEASED (Type or Print) BABY BOY DRANE	2. DATE OF DEATH 3/24/53					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						
INSTITUTION UNION MEMORIAL HOSP	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - MIDDLERIVER					
Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Leigth of stay in Baltimore Days	32 DIHEDRAL DRIVE					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 3/22/53 9. AGE (In years In Under 1 Year Months Days Hours Min. 2 3 34					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
ELMER J. DRANE	MARGARET BOWERS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS SAME					
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) bulmonay attetutas DUE TO ED ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR FINDING 1	RATION 20. AUTOPSY?					
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.,						
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR F INJURY MHILE AT WORK NOT WHILE AT WORK						
deceased alive on 3(24, 1953, and that death occu	3(22, 1953, to 3/24, 1953, that I last saw the rred at 200 a.m., from the causes and on the date stated above.					
Daven W. Wurfacha M.D.	Union Mammal Horp 3/24/33					
24A. BURIAL, CREMA- TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	= 44074015					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS AD					
Vs 150	Thanks Com 257 mogalifica					



1	555				
2	2044	BALTIMORE CITY HE	EALTH DEPARTMENT		3014
BI	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No)
1.	NAME OF DECEASED	KINE SCHO	ENEMANN	2. DATE OF DEATH 3-	24.53
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution: residence before admission)
В.		or institution, give street address or location)	1/1/0		-10
	4300 Jacr		c. CITY OR TOWN (If	outside corporate imp	township)
6		Yrs.	D. STREET ADDRESS (If	rural, give location)	1 0 0
-	Length of stay in Baltimore	/2 Days	4300 Var	9. AGE (In years)	balavad
le	male white	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	last hirthday) Mon	ths Days Hours Min.
	k dowleduring most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BINTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Mark		Theresa	. ()	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED For, no or unknown) (If yes, give war or dates o	FORCES? 16. SOCIAL SECURITY NO.	Y. INFORMANT GER	duous.	- Laure
	18. 260 x and E90.	3.0 CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI		ral Artinose	luis	
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	the disease,	rate firming co	11,6713	***************************************
z	ANTECEDENT CAUSE	(B)	ubites mell	ihus	
RTIFICATION	DISEASES OR CONDITIONS, IF / RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	TATING THE DUE TO	CERTIFIC	ATION APPROVED	HA
FIC		(C)	() V	00 000	
Ш	OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION O		stured reter	ANTI-MICAL EXAMINE	_M. 0,
L		B. MAJOR FINDINGS OF OPER	RATION	1	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., in		f in Baltimore City, gi	ve ve location
MED	LYING OR CONTRIBUTING CAUSE OF DEATH	about bome, farm factory, street, office bldg.,	4500 0	January.	18cm
	FINJURY //2 YND AGO	MHILE AT NOT WHILE ME NOT WHILE AT WORK	& feel 40 F	low. 1L	
	22. I hereby certify that I after deccased alive on 3-24	nded the deceased from 1953, and that death occur		4rch 27, 1953, he causes and on the	
	23A. SIGNATURE HATH		2516 Line	In Ave	3-25-53
	AM. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE	RY OR CREMATORY 2.17. L	OCATION (City, town, o	r county) (State)
	ATE RECEIVED BY REGISTRAR'S OCAL REGISTRAR	SIGNATURE	5. FUNERAL DIRECTOR	- L	ADDRESS PO
1	MAR 25 1953 4 - + 1	on William	falk feevis he	2100 Qui	law /
	VS 150 N 8 20.1	V			

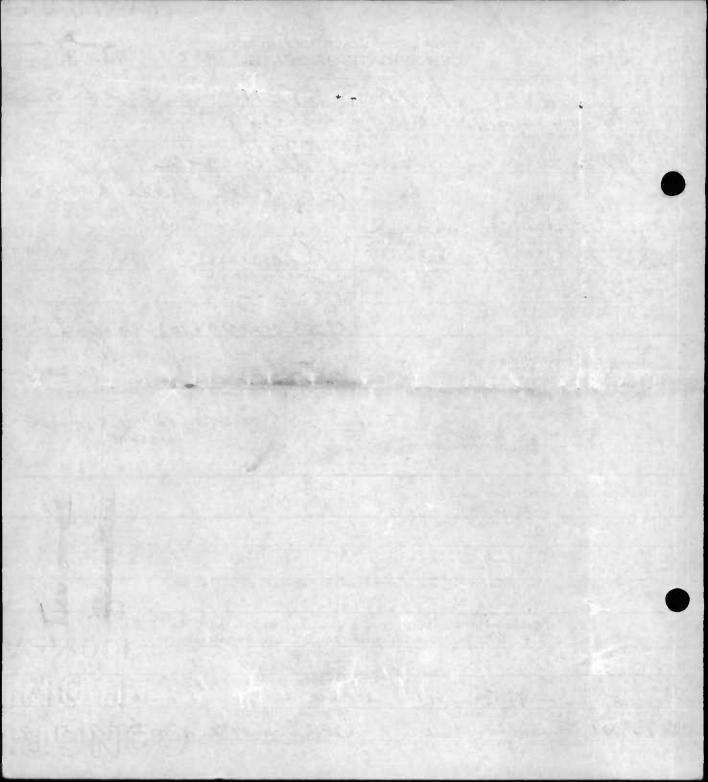
Ma 1739 Ru 0506

53 3015 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 3015

BIRTH NO.						
1. NAME OF DEC (Type or Print)	DAY	170 0	RUBE	NSTEIN	2. DATE OF DEATH	24-53
	y, Maryland 44	601/0	ee Male Ro	4. USUAL RESIDENCE	Where deceased lived. If i B. COUNTY	nstitution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	er 2 L)	n, give street ad less or location)	c. CITTOR TOWN. (In	foutside corporate limits	with RURAL and give township)
A		onve	Yrs.	D. STREET ADDRESS (If	rural, give location)	
	y in Baltimore	7. SINGLE.	60 Dava	8. DATE OF BIRTH	9. AGE (In years)	Under I Year If Under 24 Hours
nale	white	widowe	D, DIVORCED (Specify)		last birthday) Mor	oths Days Hours Min.
	JPATION (Give kind of rorking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Loca	w			Tille	1	
Yes, no or unknown)	EVER IN U. S. ARME (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	MINFORMANT GOVERN	-4707 Bea	DORES TO GOO
18. 443	X		CAUSE	OF DEATH	10/000	INTERVAL BETWEEN
L	OR CONDITION	TH	ateri	6 - Selemaia		25 years
heart failure,	ot mean the mode of asthenia, etc. It mea emplication which of	ns the disease.			***************************************	
	NTECEDENT CAUS		Hula	of lensive on	adantes la	1.1
DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)	erleneive co	OLDER	15 years
UNDERLYIN	ABOVE CAUSE (A)	STATING THE	(C)		00000	
	11			1-12/1		
TRIBUTING T	NIFICANT CONDI O THE DEATH, BUT EASE OR CONDITION	NOT RELATED	Pros	Alctorny		1947
			FINDINGS OF OPER	ATION		20. AUTOPSY?
	NT WAS UNDER- CONTRIBUTING	21B. PLAC	CE OF INJURY (e. g., in m, factory, street, office bidg., e	or 21c, WHERE DID (If in Baltimore City, gi	YES NO Vive exact location)
CAUSE OF DE	ATH					
INJURY	onth) (Day) (Year)	W	IE. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
22. I hereby	certify that I att		work Atwork Leceased from	1940 to 1	1 and 11/195	That I last saw the
deceased aliv	e on 3/24		nd that death occur		he causes and on th	e date stated above.
23A. SIGNATU	Sour (When	M. D. 2	1804 Ewow	Place	3/24/53
24A BURIAL, CR. TION REMOVAL (Spe	cify) 248. DATE	-53 2	NAME OF CENETE	RY OR CREMATORY 24D. L	OCATAN (City, town,	or county) (State)
DATE RECEIVED	A THE	S SIGNATUR	E .	AS. FUNERAL DIRECTOR		ADDRESS P
VS 150	1 I with	0	Mually.	werk fewer //	R 2100 04	mus (35

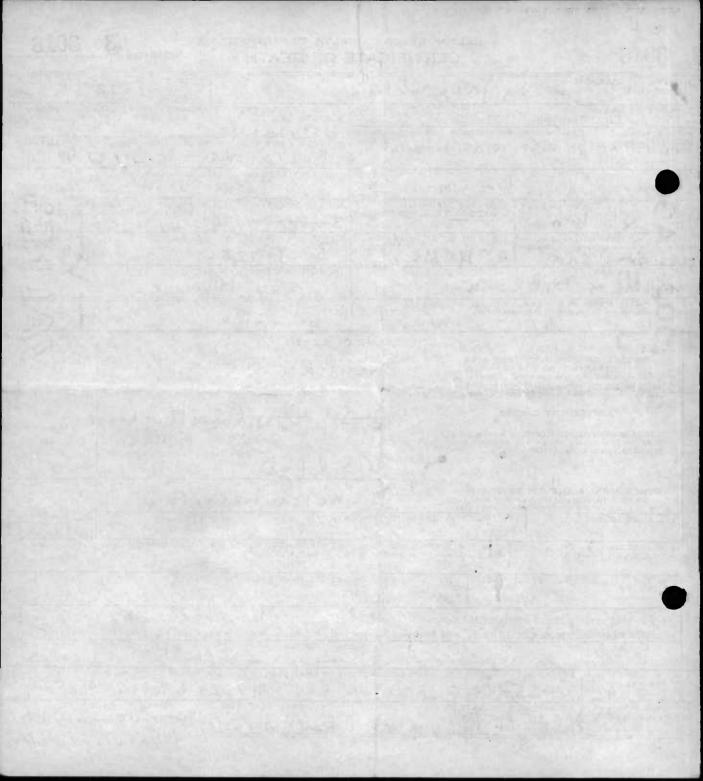


	1	0	-	
		20	1-1	0
RI	RT	3(儿	O

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	L OI BEATT
1. NAME OF DECEASED EMMA Jane Weber	2. DATE OF 3 - 22-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MaryLand
HOSPITAL OR UNION MEMORIAL Hospital	C. CITY OR TOWN (If outside corporate limits, write RVRAL and give township)
3 1 1 5	Dacillion,
or Light of stay in Baltimore Life (MC Moss.)	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore LIPC Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	
F WIDOWED, DIVORCED (Specify)	3-22-59-11-1080 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WORK, IATHOME.	Bactimore U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM D. DROWN	Mary Hummel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO NONE	Daughter seme
18.422,1 and 260x CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	To the second second
(and the ment and the mode of all many of the manufacture of the manu	umonilis
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	CCUNC TI
DISEASES OR CONDITIONS, IF ANY, GIVING	S.C.V. D. Conges Tive heart
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Fachure
UNDERLYING CONDITION LAST.	C C 14 N
(c)	S.C.V.D
	1 To Mall T
O THE DISEASE OR CONDITION CAUSING IT.	betes Hellitus
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE WORK AT WORK	
22. I hereby certify that I attended the deceased from 3-3	1- , 1953, to 3-22 -, 1953, that I last saw the
deceased alive on 3 - 22 - 1953, and that death occur	rred at 1.35 a.m., from the causes and on the date stated above.
	38. ADDRESS 23c, DATE, SIGNED
Georgea Rynolds M.D.	Union Memorial Argulal 3/22/53
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	
BURIAL 3-23-5310HK LAWI	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 9015, CONKLING ST.
MAK LO 1333 Thurtundon Whiteeles M.F.	Charles of Seller



3.	30
13	JUHA
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 30d.7

SIRTH NO.	CERTIFICAT	E OF DEATH Registered No.
I. NAME OF DECEASED		12. DATE
Type or Print)	17 vera:	JOHN E. STOUT) OF 3/22/53
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
	ution, give street address or	Maryland .
NSTITUTION	loeatlon)	C. CITY OR TOWN (If outside corporate lights, write RUNAL and give township
MIVERSITY	tos PITAL	Baltimore
T	ife Yrs.	D. STREET ADDRESS (If rural, give location)
. Dength of Stay in Daithnore	Days	3725 Yolando Road
IA WIDO	LE. MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year Jast birthday) Months Days Hours Min.
M Divo		June 27,1893 59
pk done during most of working life, even if retired)	ND OF BUSINESS OR	Baltimore, Md. 12. CITIZEN OF USA USA
	te Health	
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
George F. Stout		Martha B. Bode
(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT3725 Yolando Romaness - 18
no		Mr. Elmer T. Stout
18. 002 X	CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y	O. Dealou
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	e.g., (A)	Dewos & Delusion
injury or complication which caused dea		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIV	(B)	
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		
	(C)	
11		
OTHER SIGNIFICANT CONDITIONS C		Wisconstant as and
TO THE DISEASE OR CONDITION CAUSING	IT	
194. DATE OF OPERATION 198. MAJO	OR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER- 21B. P	LACE OF INJURY (e. g.	
CAUSE OF DEATH	ne, farm, factory, street, office bldg	
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
INJURY	WHILE AT NOT WHILE	
m.		10/=> 10 3/-0/-> 10 11
22. I hereby certify that I attended the	e deceased from	19_, to 3/22/5 19_, that I last saw th
deceased alive on 3/22, 19.5	Sand that death occur	rred at 2 m., from the causes and on the date stated above
Timuel W.	disha M.D.	Universite Hospital 3/22/53
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
fion, REMOVAL (Specify) 3/25/53	Parkwood Ce	metery Baltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNA		HENRY SANDER & SONS, ING. ADDRESS
MAR 25 1983 ++ + +	Williams M.	RALTO 13 MD. Sende To Accept
Vs 150	- manager july	
W.	390	12

CERTIFICATE OF DEATH

and the state of the state of the state of

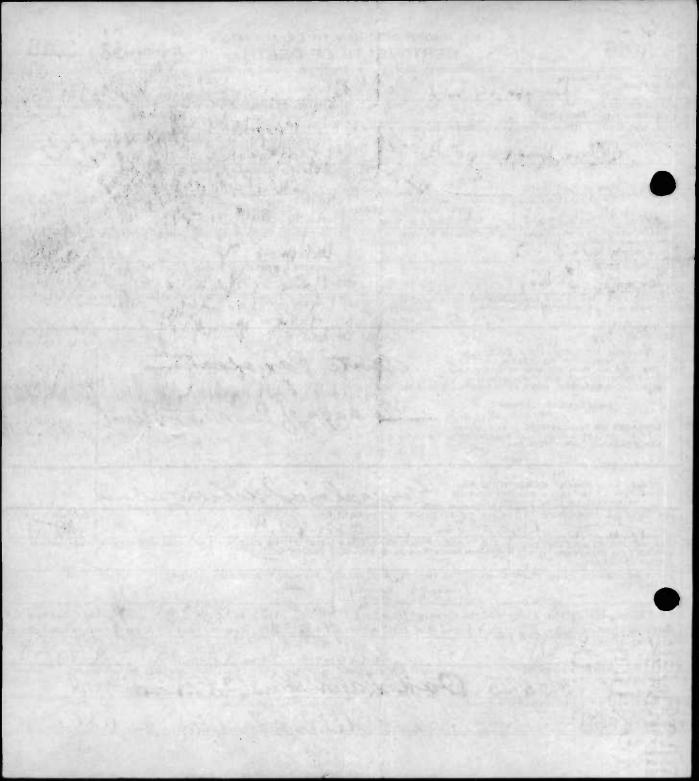
3018 13018

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered NA 3018

CERTIFICAT	E OF DEATH Registered No.					
Type or Print) Dorman, My John	2. DATE OF DEATH 3-23-53					
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland					
HOSPITAL OR location)	C. CITTOR TOWN) (If outside corporate limits, write RURAL and give					
NSTITUTION (hunch Home + Hogpital	Kaltimuro 2-1 - Dawnship)					
Yrs.	D. STREET ADDRESS (If rural, give location)					
th of stay in Baltimore To Mos. Days	1 L306 Foster Aug					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under Year If Under 24 Hours Months; Days Hours Min.					
male white disorced	March 17 1881 7					
OA. USUAL OCCUPATION (Give kind of 10 B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
INDUSTRY	Baltimore, MA WHAT GOVETRY?					
3. EATHER'S NAME)	14. MOTHER'S MAIDEN NAME					
Worman James	Mary Stucki					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL						
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. AFORMANT ADDRESS					
18. 5 \$ 7 A CAUSE	OF DEATH INTERVAL BETWEEN					
0001	ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	te Pancieatitie					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ac famous -					
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	ago of Parcetic dust					
DISEASES OR CONDITIONS, IF ANY, GIVING	ago of farmatic and					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST, (C)						
OTHER SIGNIFICANT CONDITIONS CON-						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
7	YES NO					
21A. ACCIDENT WAS UNDER- 218. PLACE OF INJURY (e.g., i						
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	ob.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHILE						
m. work AT WORK						
22. I hereby certify that I attended the deceased from 191, to 3 -23, 195, that I last saw the deceased alive on 3-23, 195, and that death occurred at 310 Mm., from the causes and on the date stated above.						
	rrea atm., from the causes and on the date stated above.					
TILLER MI	toward Home & Hospital 3-33-33					
24A. BURIAL, CREMA 24B. DATE 24C NAME CENTER	MY OR CREMATORY 240 LOCATION (City, town, or county) (State)					
ION, REMOVAL (Specify) A / 1 1 - 2	con Com					
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR ADDRESS					
OCAL REGISTRAR	100000 14 611 ~					
MAR 75 1433 1 milion Phillipse Mass	Machitanal Home 200 Miles					



620 53 3019 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3019

ADDRESS

ne 2004

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED If Under 1 Year 8. DATE OF AGE (In years) H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF orkstoneduring most of working life, even if retire INDUSTRY WHAT COUNTRY? nd-limesour plantel 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S'ARMED FORCES? 16. SOCIAL ADDRESS Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from. . 19 That I last saw the 19. and that death occurred at 5 in P.m., from the causes and on the date stated above. deceased alive on. 234-SIGNATURE 24A. BURIAL, CREMA-24B. DATE 24c, NAME OF CEMETERY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

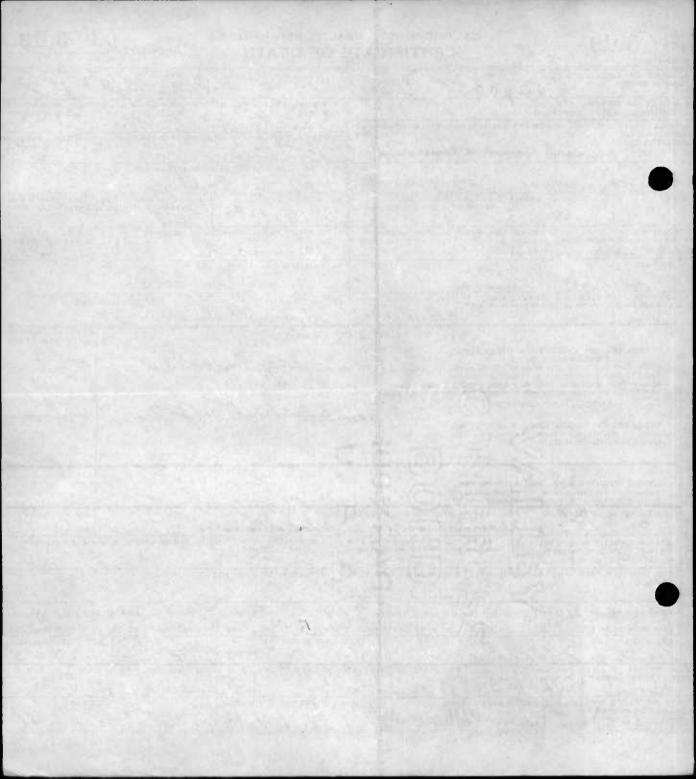
VS 150

DATE RECEIVED 8

REGISTRAR'S SIGNATURE

390 FB

25, FUNERAL DIRECTOR



-3	5	2	
1 17	1253	0	
i d	Und	U	
BIRTH !	VO		
			=

BALTIMORE CITY HEALTH DEPARTMENT

53 3020

BI	RTH NO.		(CERTIFIC	ATI	E OF DEATH	Registered N	0	491127
-	NAME OF D	ECEASED OHN C. WHIT	TT NTON	(WHITT	TNC	TON)	2. DATE OF DEATH 3/22	/52	
3. A. B.	PLACE OF D Baltimore (on, give street add		4. USUAL RESIDENCE (WA. STATE MARYLAND	Where deceased lived, If B. COUNTY	before s	admission)
IN	STITUTION	O5 APPLETO	N STRE	ET		BALTIMORE	outside eorpopate limit	RURA	land give township)
		tay in Baltimore	3	MONTHE	Yrs. Mos. Days	1805 APPLETO			
	M M	6. COLOR OR RACE	MARR.	MARRIED. ED DIVORCED (S LED	Specify)	3/24/1908	9. AGE (In years last birthday) Mo		Jnder 24 Hours urs Min.
H	AUFFEUR			OF BUSINESS OF BUS	OR	BALTIMORE		12. CITIZEN WHAT CO	
		ITTINGTON				SOPHIA PR			
(Ye	, no or unknown)	ED EVER IN U, S. ARME (If yes, give war or date NO	of service)	16. SOCIAL SECURITY	NO.	WILLIE ANN WH	ITTINGTON(W		
CATION	(This does heart failu injury or DISEASE: RISE TO T	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUSE S OR CONDITIONS, I HE ABOVE CAUSE (A)	TH of dying, e.g. ns the disease caused death. SES F ANY, GIVING STATING THI	(A)		OF DEATH	LARYNX	INTERVAL ONSET AN	ND DEATH
CERTIFICATION	TRIBUTING	II IGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATED						·····
SAL	19A. DATE C	OF OPERATION 1		FINDINGS OF				YES YES	NO [
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY rm, factory, street, offic			If in Baltimore City, a	give exact loca	tion)
N V	21b. TIME INJURY	(Month) (Day) (Year			CURR WHILE WORK		Y OCCUR?		
		y certify that I att	ended the contract	deceased from and that death	occur	rred at 7AM m., from to 23B. ADDRESS	he causes and on the	that I last the date state 23c. PATE 3/24	ed above
710 TI	BURIAL (S BURIAL	GREMA- 24B. DATE 3/25/	53	ARBUTUS			OCATION (City, town,	or county)	(State)
	ATE RECEIVE DCAL REGIST	RAR	s SIGNATUI			25. FUNERAL DIRECTOR CHARLES G. COC	,	ADDRESS)N AV
37	VS 150	0		682 8	V	Charles	Croper		

PROTEIN PRINCIPAL

2	39	A 44 P	
53	3021	1	

53 3021 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Clarence H. Doggett (Type or Print) DEATH March 23, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate lines, write AU AL and give INSTITUTION 1368 N. Calhoun St. township) Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1368 N. Calhoun St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during martef working life, even if retired) WHAT COUNTRY INDUSTRY Va. USA 13. FATHER'S NAME of jeu chang 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, as or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Florence Doggett 1368 N. Calhoun St. No 216-18-3867 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY is valvular disease of LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION MEDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY . 1953, to 3 - 23 - , 1953, that I last saw the 22. I hereby certify that I attended the deceased from ___ deccased alive on 3-22 -, 1953, and that death occurred at 3,311 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

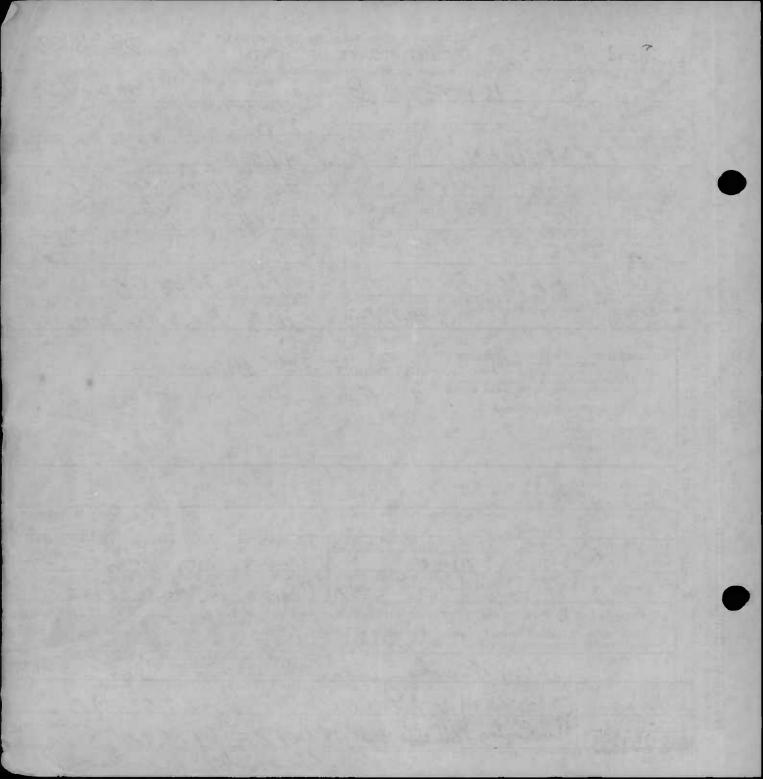
24A. BURIAL, CREMA-124B. DATE 3/26/53 Mt Auburn

Balto. Md.

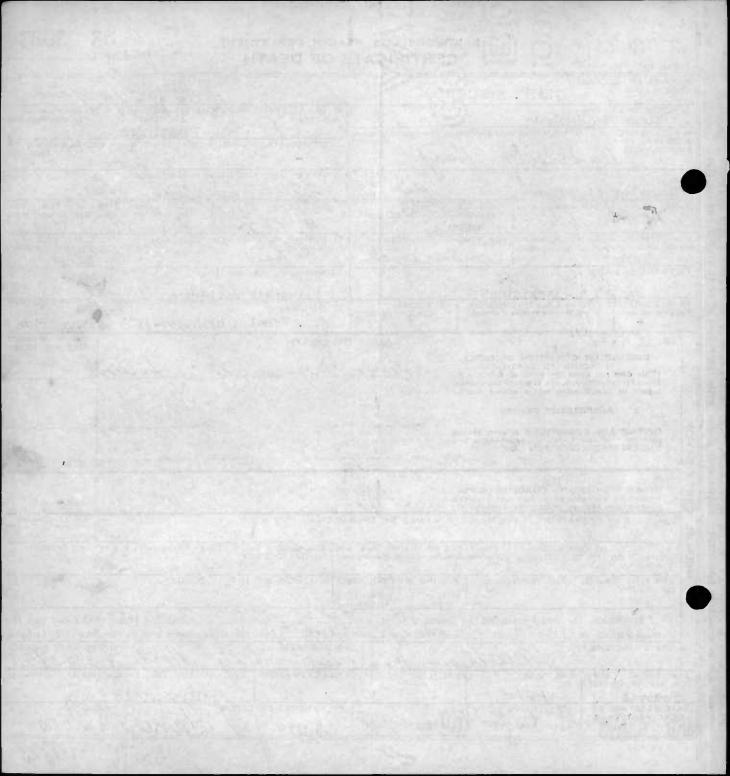
ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St. unlington VS 150

STATE OF STATE OF STREET OF STREET STREET, STREE



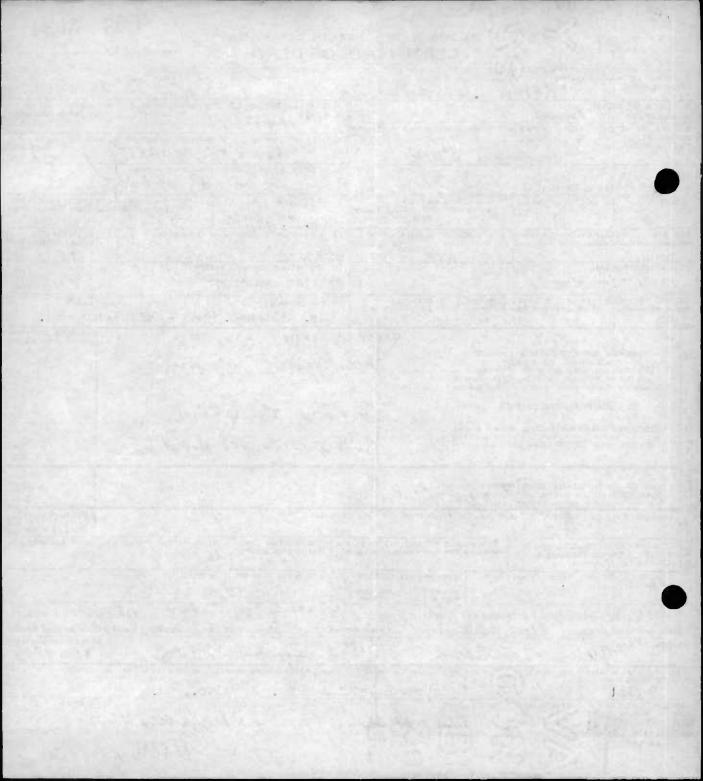
M	15	3 30	3		8.	ALTIMORE CITY CERTIFICA		ALTH DEPART		Registered		3023
	1.	NAME OF D ype or Print)	ECEAS		MACK)	INTOSH				2. DATE OF	362.5	15.3
enphinea.	Α.	PLACE OF D Baltimore (City, M	Iaryland				4. USUAL RESIDE	ENCE (Whe	B. COUNTY	l.	ion: residence before admission)
>	H	FULL NAME OSPITAL OR ISTITUTION	OF I	If not in hos	pital or instit	dach.	tion)	c. CITY OR TOWN	(If ou	Baltimore tside corporate lin		RURAL and give township)
legibly.	D	Length of s	tay in	Raltimoré	1	22 7	rs. los.	D. STREET ADDRE	ESS (If pur	ral, give location)	Di	
and		SEX		OR OR RAC	WIDO	LE MARRIED OWED DIVORCED (Sp arried		B. DATE OF BIRTH	90	. AGE (in years	If Under 1 Yes Months Da	ar if Under 24 Hours Ays Hours Min.
death clearly a		A. USUAL OC k done during most	of working		of 108. KH	ND OF BUSINESS O		11. BIRTHPLACE (S	State or forc	ign country)		TIZEN OF
ath c	13	FATHER'S			1 0	-		14. MOTHER'S MA	IDEN NAM	E		
of	15 (Ye	Dan: 5. WAS DECEAS 5, no or unknown)	ED EVER	IN U. S. ARI	ED FORCES	16. SOCIAL SECURITY N	10.	Elizabet 17. INFORMANT Mrs. Mabe			ADDRESS	11 1
write the causes	18. 4.20.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO										INT	ERVAL BETWEEN SET AND DEATH
hysicians: please	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)											
Physicia	CERTIF	TRIBUTING	TO TH	E DEATH, BO	DITIONS OF THE PROPERTY OF CAUSING	TED						
-	CAL	19A. DATE (The second second		OR FINDINGS OF	OPERA	ATION			20	O. AUTOPSY?
important.	1EDIC	21A. ACCIE LYING O CAUSE OF	R CONT			PLACE OF INJURY (ne, farm, factory, street, office				n Baltimore City	, givc exa	ct location)
M	2	21D. TIME OF INJURY	(Month)	(Day) (Ye			URRE VHILE	D 21F. HOW DID	N YRULNI (OCCUR?	7-9-	
is especia		22. I hereb deceased a 23A. SIGNA	live on	2/2	attended ti	he deceased from and that death of	ccurr	red at b 2 pm.	30, from the	3/23,19 causes and on	the date	I last saw the stated above. DATE SIGNED
ct age	Z4 TI	4A. BURIAL, ON, REMOVAL (S	CREMA. Specify)	24B. DATI	/53			RY OR CREMATORY	/	ltree. Oh:		ty) (State)
correct		Removal ATE RECEIVE OCAL REGIST AR 7 5 10		REGISTRA		Williams M	D.	25 FUNERAL DIR	ЕСТОВ	Nener	ADDR	Pus .
		VS 150			0	45	0-	3		Bat	6.1	7. Med.



-5 53	3024
BIRTH	NO.

53 3024

BIRTH NO.			CERTIF	CATE	E OF DEATH	Regi	stered No	0	
1. NAME OF C (Type or Print)	Hele Hele	n N. S	inshe	imi	1	2. DATE OF DEATH	3/	2415	3
	City, Maryland				4. USUAL RESIDENCE	E (Where decease B. CO			residence ore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospi	tal or instituti	Hon.	ddress or location)	C. CITY OR TOWN	(If outside corpo		write RU	RAL and give jownship)
c. Ogth of s	stay in Baltimore		78	Yrs. Mos. Days	b. STREET ADDRESS 932			lons	_
5. SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCEI		Nov. 5. 1874	9. AGE (III last birt		inder I Year ths Days	If Under 24 Hours Hours Min.
10A. USUAL OC ork done during most NONE 13. FATHER'S	CCUPATION (Give kind of of working life, even if retired NAME		of Busines	S OR DUSTRY	11. BIRTHPLACE (State Maryland 14. MOTHER'S MAIDE		у)	VHAT	EN OF COUNTRY?
	insheimer				Matilda Neuber	rger		487	
	(If yes, give war or date		16. SOCIAL SECURIT NONE	TY NO.	Mr. Milton J	. Haas -		DRESS enoak	Rd.
DISEASE RISE TO UNDERL	ure, asthenia, etc. It mercomplication which ANTECEDENT CAU IS OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND G TO THE DEATH, BUT	caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CDM	(B) (G) (C)		may thus series clear		Q.j		
TO THE C	DISEASE OR CONDITION	CAUSING I		OF OPER	ATION			1	AU/TOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK WHILE AT WORK WHILE AT WORK WORK AT WORK WORK YES NO (If in Baltimore City, give exact location) INJURY OCCUR? 21c. WHERE DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 3/22, 1955 to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 50 m., from the causes and on the date stated above								tated above.	
23A. SIGN	max n	mlle		M. D.	Junar	4100	1.	3/2	24/53
24A. BURIAL. TION, REMOVAL (Buria DATE RECEIVE	Specify) 3/26/ ED BY REGISTRAN		Hebrew			Balto, Md		AODRES	
VS 150	Muerte	rator v	Miliaus	My	1/m. J.	John	et to	7 N	lid.
					· ·	m	0-0 /	11	



5	6	38	025
BI	RTH N	10.	
1.	NAME	OF	DECEA

53 3025 Registered No.

BIRTH NO.		- O: DE/(111		
1. NAME OF DECEASED (Type or Print)	HN FRANK SEWARD		2. DATE OF DEATH Mar	. 22, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE		
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION MOUNT CONVALE	al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits	s, write RURAL and give ownship)
3706 Nortonia	Rd.	Baltimore	160	ownship)
c. Ogth of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If		
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) If	Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of	widowed	Apr. 27, 1881	71	
ork done during most of working life, even if retired) Steam engineer	10B. KIND OF BUSINESS OR INDUSTRY lithographers	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	8-01-0-0	14. MOTHER'S MAIDEN NA	AME	
Samuel Seward		Marry Allinore	foldsboro	
15. WAS DECEASED EVER IN U. S. ARMED	FORCEST 16. SOCIAL	17. INFORMANT		DDRESS
Yes, no or nnknown) (If yes, give war or dates	215-59-9463°.	Mr. John W. Sewa		
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication will be complicated by the complete complet	f dying, e. g., (A)		heracti	2 8 gr.
19a. DATE OF OPERATION 11	9B. MAJOR FINDINGS OF OPER	C M	.parolid	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, g	
210. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK			
22. I hereby certify that I att	ended the deceased from	July , 1922, to	march , 1953	that I last saw the
deceased alive on 3 - 20	, 1953, and that death occur	redat 4:30 Am., from th	ie causes and on th	e date stated above.
23A. SIGNATURE	moores M.O.	3105 Bela	in pd	3-23-53
24A. BURIAL PREMA- 24B. DATE TION, REMOVAL Specify)	The state of the s	RY OR CREMATORY 240. LC	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	or county) (State)
Burial 3/26/5	Western Cem.	Balta	Md.	
LOCAL DECICEDADO	s signature thington Williams	25. JUNERAL DIRECTOR	clener +	APORESS
VS 150	583 41			

in the state of the state of the

-200

BALTIMORE CITY HEALTH DEPARTMENT

	52	3026
	00	0000
Registered	No	

BI	RTH NO.	5320101	0	02:(:::::::::::::::::::::::::::::::::::				
	NAME OF D	Baby Linda	Rausch			OF 3/22	2/53	
B. H	PLACE OF D Baltimore (FULL NAME OSPITAL OR STITUTION	City, Maryland		ion, give street address or location)	A. STATE Maryland C. CITY OR TOWN (If		bef	admission)
C.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 2227 Christian			
	sex F	6.COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH 1/23/53	9. AGE (In years last birthday) M 2 months	if Under 1 Year onthis: Days	Hours Min.
10 worl	A. USUAL OC doneduring most	CCUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ WHA	EN OF T COUNTRY?
	Albert R	ausch			14. MOTHER'S MAIDEN N. Catherine Yin			
	s. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Parents		ame	
ERTIFICATION	(This doe heart failt lnjury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION DISEASE OR CONDITION	F H f dying, e. g f dying, e. g sthe diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	Cario (B) Cario (Cario (Ca	ral Augxia dac Failure nital Cardiac Core	onary		
AL C				FINDINGS OF OPER				
MEDIC.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)							
22. I hereby certify that I attended the deceased from								
24A. BUBIAL. CREMA- TIOD, REMOVAL (Specify)							ATE SIGNED	
LD L	ATE RECEIVED CAL REGISTATE VS 150	ED BY REGISTRAR	signati		25 FUNERAL DIRECTOR	Dole, 191	3 H. XI	alfo, 21

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3027

2. DATE OF DEATH

Type or Print)	er OF Mar, 25,1953				
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	md,				
HOSPITAL OR location) NSTITUTION	c. CITY OR TOWN (If outside corpora)e limit, write RURAL and give				
JOHNS HOPKINS HOSPITAL	1 Jallings				
E. Lench of stay in Baltimore 48 44 Days Days	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In Years) If Under I Year II Under 24 Hours				
Female White Widow (Specify)	Feb - 1887 66 Months Days Hours Min.				
OA. USUAL OCCUPATION (Give kind of price done during most of working life even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Idessie				
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	JOHNS HOPKINS HOSPITAL				
18. 420.1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ROME INFARCTION 6-7 MRS				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING	SCLEROTIC COROLLARY PAROLLEOSIS				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(c)					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?				
1 132. BATE OF OF ENATION OF 135. MASON THE BRIES OF OF EN	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If in Baitimore City, give exact location) to.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?				
MHILE AT NOT WHILE					
	-25 , 1952 to 3-25 , 1953 that I last saw the				
I her con certify that I attended the accessed from	. 19 . 10 - 19 1001 1 1081 8010 100				
234 SICNATURE	red at 5.20 m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED				
23A. SIGNATURE Q. H. Owers, J2- M.D.	red at 5.20 m., from the causes and on the date stated above. 3B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED MOL 25/53				
23A. SIGNATURE Q. H. OLIVERS DO 2	Tred at 5.20 m., from the causes and on the date stated above. 3B. ADDRESS JOHNS HOPKINS HOSPITAL RY OR CREMATORY 249 OCATION (City, town, or county) (State)				
23A. SIGNATURE 2. H. OLVEUS. 2. M. D. 24A. BURIAL, CREMA- 104 REMOVAL (Specify) 24B. DATE 104 REMOVAL (Specify) 24C. NAME OF CEMETER 25C. NAME OF CE	red at 5.20 m., from the causes and on the date stated above. 3B. ADDRESS JOHNS HOPKINS HOSPITAL RY OR CREMATORY 249 OCATION (City, town, or county) 21 FUNERAL DIRECTOR ADDRESS				
23A. SIGNATURE Q. H. OLIVEUS, S. M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER CONTREMOVAL (Specify) Mar 25 53 Rank Jan	Tred at 5.20 m., from the causes and on the date stated above. 3B. ADDRESS JOHNS HOPKINS HOSPITAL RY OR CREMATORY 249, OCATION (City, town, or county) (State)				
23A. SIGNATURE 2. H. OLIVELIS 2. M. D. 2. M	red at 5.20 m., from the causes and on the date stated above. 3B. ADDRESS JOHNS HOPKINS HOSPITAL RY OR CREMATORY 249 OCATION (City, town, or county) 21 FUNERAL DIRECTOR ADDRESS				

Sumstantial Line 125 of the

5		2	4
53 BIRTH	N	3()28
1. NAM	E	OF	DECE

CERTIFICATE OF DEATH

/	53	3028
Regis	tered No	

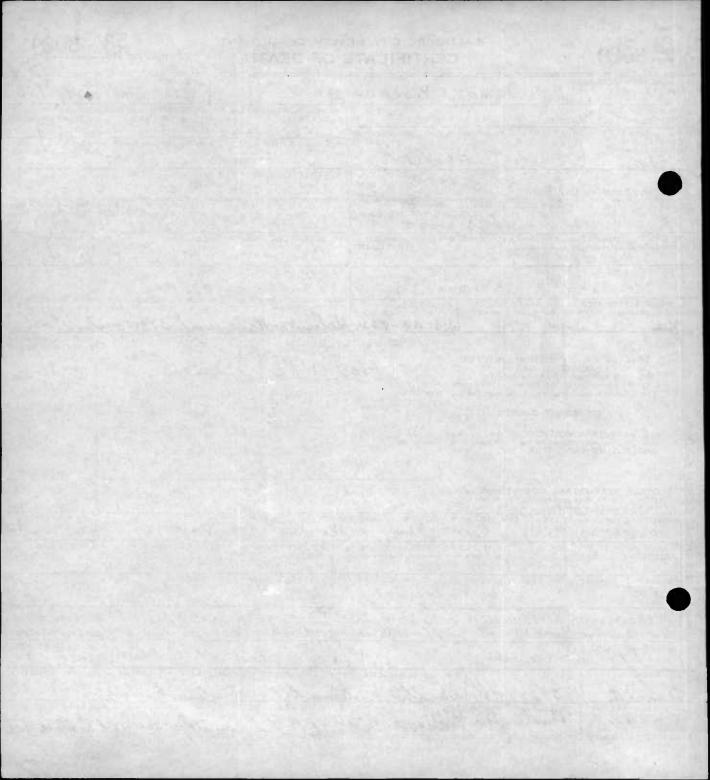
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	0
1. NAME OF DECEASED (Type or Print)	n Ringwold		OF Many	h 24, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	80	4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	nstitution: residence before admission)
HOSPITAL OR	pital or institution, give street address or location) HOPKINS HOSPITAL	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
26	Yrs.	D. STREET ADDRESS (If	rural, give location)	A
c. Length of stay in Baltimore	· · · · · · · · · · · · · · · · · · ·		551	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fenale Calared	WIDOWED, DIVORCED (Specify)	5-18-10	9. AGE (In years If I last birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kin ork done decide most of working life, even if retired to the contract of the c	dof 10B. KINDOF BUSINESS OR	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	Sampson	14. MOTHER'S MAIDEN, N.	ame mold	2
15. WAS DECEASED EVER IN U.S. AR Yes, no br unknown) (If yes, give wer or	MED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	KINS HOSPITAL	DRESS
18. 252.0	CAUSE	OF DEATH	KIND HODITIKE	INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY		0	
(This does not mean the mod heart failure, asthenia, etc. It injury or complication which	neans the disease,	DXIC HEART	UISEASE	2 MOS +
ANTECEDENT CA	SEVER	E TATROTOXICA	25/5	
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	5, IF ANY, GIVING (A) STATING THE DUE TO			
	(0)	***************************************	***************************************	
OTHER SIGNIFICANT CON TRIBUTING TO THE OEATH, B	UT NOT RELATED			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH			If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Y	ear) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
22. I hereby certify that I		-20 , 1953, to	3-24 , 1953	, that I last saw the
deccased alive on 3-2	4, 1953, and that death occur		the causes and on th	e date stated above.
23A. SIGNATURE a. X.	Olevers Jr. M.D.	JOHNS HOPKIN	NS HOSPITAL	23c. DATE SIGNED
24A BURIAL, CREMA- HON REMOVAL (Specify)	9. 1953 CREWSON	RY OR CREMATORY 240	OCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTR LOCAL REGISTRAR	AR'S SIGNATURE	25 FUNERAL DIRECTOR	monte	ADDRESS TO LES
Vs 150		1	, Joje Ka	1

53 3029

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3029

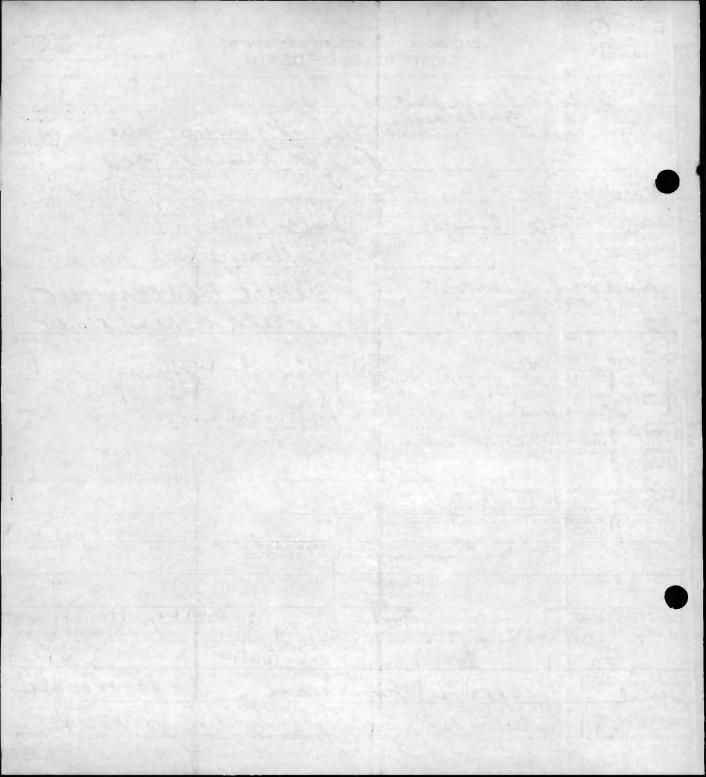
BI	RTH NO.		La Startin	EKITICATI	OF DEATH		
1. (T:	NAME OF D		James	Kavana			1orch 24, 1953
	PLACE OF D Baltimore (EATH: City, Maryland	THE PARTY		4. USUAL RESIDENCE (W	Where deceased lived B. COUNTY	d. If institution: residence before admission)
B. HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit		n, give street address or location)	c. CITY OR FOWN (If	outside corporate	imit, write hULAL and give
	Unio	n Memori	191 40	ospital	Daltimore		
1/c.		tay in Baltimore	44 469	Yrs. Mos. Days	2721 Miles	rural, give location	
5.	M	6. COLOR OR RACE	WIDOWE	MARRIED. D, DIVORCED (Specify)	Dec 15, 1908	9. AGE (In years)	Months Days Hours Min.
	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IAME			14. MOTHER'S MAIDEN N		
	Mr.	John 1	Karar	nough	170se C	ooper.	
15 (Ye	, was DECEASE , no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	weh 2721	ADDRESS Som
	18. 201	V	777		OF DEATH	0	INTERVAL BETWEEN
	001	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	heart failu	LEADING TO DEA a not mean the mode are, asthenia, etc. It me- complication which	of dying, e. g., ans the disease,		dakin's D	12692G	7 yrs.
	mjury or	ANTECEDENT CAU					
CATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	IF ANY, GIVING) STATING THE				
FIC				(C)		•••	
ERTI	TRIBUTING	II SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELATED				
U .		F OPERATION		FINDINGS OF OPER	RATION	•	20. AUTOPSY?
AL		h 23, 1953.	Cor	dotomy po	ersormed for	bain.	YES NO
EDICA	21A, ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		E OF INJURY (e.g., i m,factory,street,office bldg.,		lf in Baltimore Ci	ity, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year		IE. INJURY OCCURR	SECTION AND DESCRIPTION OF SECTION OF SECTION AND DESCRIPTION OF SECTION OF	Y OCCUR?	
			m. Y	WORK NOT WHILE			
	22. I hereb	y certify that I at	tended the d	leceased from M	uch 22, 1953, to 1	Aarch 24,1	that I last saw the
			L, 19.55_, a		rred at 4:40 Am., from t	he causes and o	on the date stated above.
	0-2	red 9. Uss	man, J	M. D.	2800 8. Chase -	St. Balto	13. 3-24-53.
TI	AA. BURYAL, ON, REMOVAL (S	CREMA- Specify) 3/2)	153 6	Balto he	Transle Fre	CATION (City, to	feee. (State)
LO	ATE RECEIVE OCAL REGIST		ryton /	elliaus Mi	25. FUNERAL DIRECTOR	wethe .3615	-17 lestond for



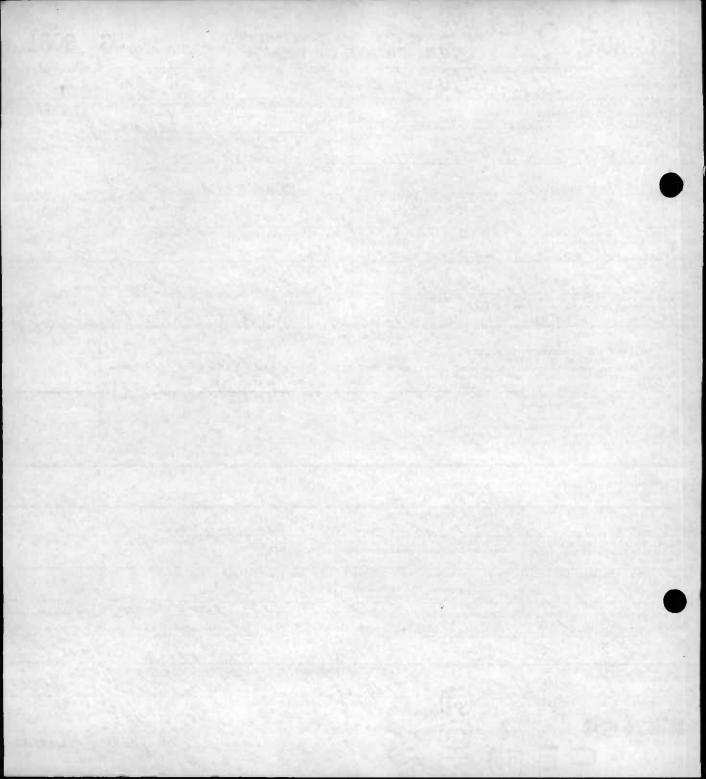
53 550
BIRTH NO.
1. NAME OF DECES

Registered No. 3030

BI	RTH NO.						
	NAME OF DI	Celin	15	mon	/	2. DATE OF DEATH	125/53
A.		City, Maryland	3410	Grynne/7	4. USUAL RESIDENCE	(Where deceased lived B. COUNTY V 4 M/3 Fa	before admission)
H	FULL NAME (DSPITAL OR STITUTION	OF (If not in nospii	tal or institution	location)			mits, write RURAI and give township)
c.	Length of st	tay in Baltimore		Yrs. Mos. Days	DETREET ADDRESS	If rural, give location	5-38
5	Emalo	6. COLOR OF RACE		MARRIED. ED, DIVORCED (Specify)	Sunta-187	9. AGE (la years last hirthday)	H Under I Year H Under 24 Hours Months Days Hours Min.
10 vork	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	IOB. KING	OF BUSINESS OR	AI. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S N	avel S	imor		50 ph 1 e	~ .	heimer
15 (Yes	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Dr Ellia	Oppen	Limbe
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L GIGNIFICANT COND TO THE DEATH, BUT	ATH of dying, e. g ans the disease caused death. SES IF ANY, GIVIN) STATING TH AST. DITIONS CON NOT RELATE	(B)	of DEATH youndid Attriorch	inpufficien	interval Between onset and death '2 Whs.
AL C	19A. DATE	OPERATION O		FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICA	HOMICIDE	ENT, SUICIDE, (Specify)	about home, fe	CE OF INJURY (e. g., rm,factory,street,office bldg.,	etc.) INJURY OCCUR?		ty, give exact location)
	F INJURY	(Month) (Day) (Year	W	HILE AT NOT WHILE WORK AT WORK		JRY OCCUR?	
				and that death occu	38. ADDRESS	n the causes and o	9), that I last saw the n the date stated above. 23c. DATE SIGNED
2.4 TIC	AA. BURHAL COMPREMOVAL (S		6/53	4C, NAME OF CEMETE	riendship	Bott	own, or comply) (State)
D	ATE RECEIVE DCAL REGIST AR 2519		signatu	Williams No	25 PUNERAL DIFFECTO	Eus Co.	43 V Pelsx
	VS 150		U				



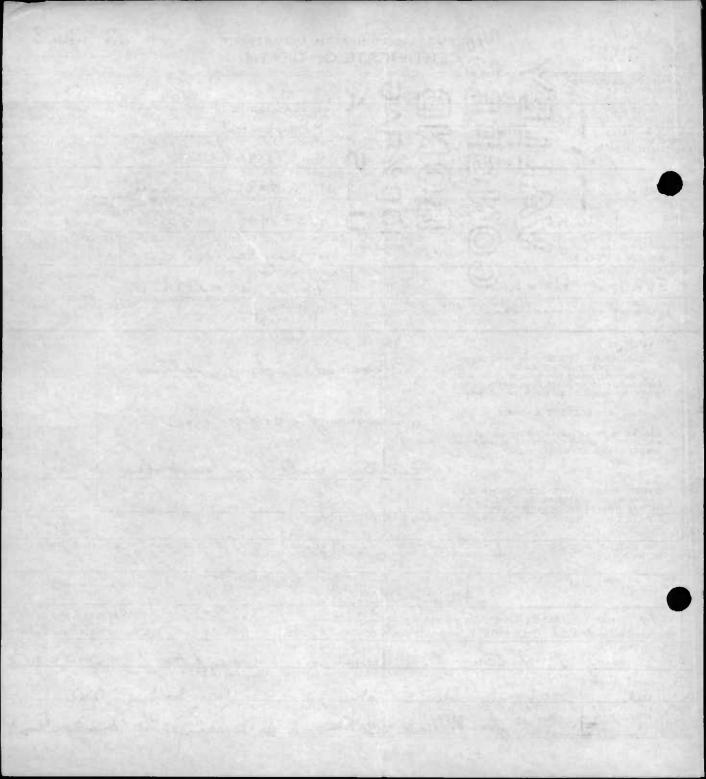
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. STATE B-COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) Mory Sen. D. STREET ADDRESS (If rural give location) Yron Mos zth of stav in Baltimore Davs 9. AGE (in years | | Winder | Year | | Winder 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX WIDOWED, DIVORCED (Specify) 14ne 2 _5 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 12. CITIZEN OF 108. KIND OF BUSINESS OR WHAT COUNTRY? work dooe during most of worklog Mfe, even if retired) INDUSTRY VI ct 13. FATHER'S NAME 14. MOTHER'S, MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDREGS (Yee, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., in Pseudomucinous Cystadenocarcinoma heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION A Bilot ovarian Carcinoma & Abd. carcinoma tosis. 218, PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE AT WORK 1953 to 3/25 .. 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3/2 5, 1953, and that death occurred at 10 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 240. LOCATION (City, town, op county) 24C. NAME OF CEMETERY OR CREMATORY 24A BURIAL, CREMA-24B. DATE ADDRESS FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 69044 Chuow VS 150



5	0)	
53 BIRTH	NO.	30	32
1. NAM	1E O	F DE	CEASE

53 3032

Registered No. 2. DATE FRANK C. Hanna (Type or Print) 3-23-53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR UNION MEMORIAL location) C. CITY OR TOWN (If outside comporate limits, Auf RURAL and give township) Ballimore Hoshital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 114 Kidgewood Koad th of stay in Baltimore Days 8. DATE OF BIRTH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under 1 Year | 11 Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 3-20-1902 50 seperated 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hanna FRANK alice Waddell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. hatient. INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 1953 to 3-23 - 1951, that I last saw the 22. I hereby certify that I attended the deceased from 1-10deceased alive on 3-23 - 1953, and that death occurred at 5.30 p.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Union Menene Vouscelly 24A. BURIAL, CREMA-24. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) Coambridge 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR VS 150



-6	30
52	2022
DIDTH I	3000

egistered 53 3033

1. NAME OF DECEASED (Type or Print) 2. DATE Hilds Hart OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Andrews Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | If Under I Year last birthday) | Months! Days 9. AGE (in years) Hours! Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Homa 1.5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **ODDRESS** 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BUTWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Ascending Myelitis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 22. I hereby certify that I attended the deceased from 3/2 v | 53 ., 19___, that I last saw the . 19_ . and that death occurred at 1038 deceased alive on 3 23 p.m., from the eauses and on the date stated above. 19. 23B. ADDRESS 23A. SIGNATURE 23c, DATE SIGNED MNIVEYETTU 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 19mal Memorial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

1 54 3844

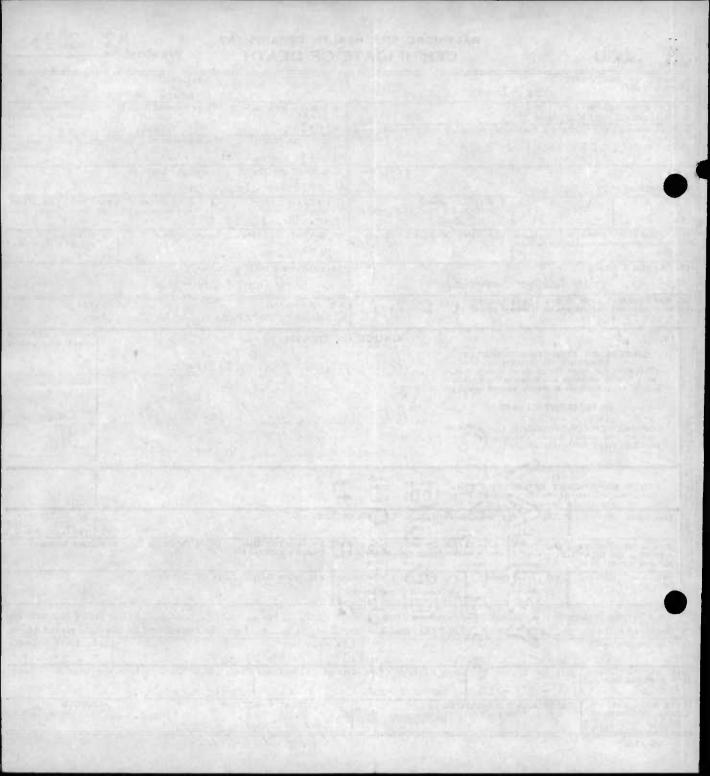
BRATH NO. BIRTH NO. CERTIFICATE OF DEATH Registered 83 3034 BRATH NO. CERTIFICATE OF DEATH Registered 83 3034 2. DATE OF PERIND E. WHO PLAN AND COMMENT OF DEATH A. JUSUAL RESIDENCE (Where account of the most little than the most of the most including the state of the most of the mos	152 CERTIFICA	TE CORRECTE	0 4-8-53	- T	
INAME OF DECEASED (Type or Print) E. Walton Brewington A. Baltimore City, Maryland F. FULL NAME OF (If the in hospital or institution, give street address or hospital, or institution, give street address or hospital or institution give street address or hospital give	1 7 4 43 9 442		5.3	3034	
Corpe of Principle B. Walton Brewington, V. Beldimore City, Maryland Folial Name of (it not in hospital or institution, give street address or Hospital or institution, give street address or Hospital or Institution of the Notice of Institution	BIRTH NO.	CERTIFICATE	OF DEATH	Registered No	
3. PLACE OF DEATH Baltimore (City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address) B. FULL NAME OF (If not in hospital or institution, give street address) B. FULL NAME OF (If not in hospital or institution, give street address) North of stay in Baltimore North of stay in B		wington Jr.		OF Man	ch 24,1953
DISPASE OF CONDITION DIRECTLY (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY OTHER SIGNIFICANT CONDITIONS CON- TREAT ADDRESS (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY UNDERLYING CONDITION LAST. (If you give year of date bit service) DISPASES OF CONDITION DIRECTLY UNDERLYING CONDITION LAST. (A) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (C) DISPASES OF CONDITION LAST. (B) DISPASES OF CONDITION LAST. (C)	3. PLACE OF DEATH:				
DATE STRUCTION UNIVERSITY HOSPITAL XYES. NOS.	HOSPITAL OR , , , ,		Md.		white MILAND give
Solution of stay in Baltimore 45 Solution of Stay in Baltimore 47 Solution of Stay in Baltimore 48 Soluti	INSTITUTION University Hos		Baltimor	e VI	
Male White Marrieds (Spealer) Marrieds (Marrieds) Marrieds) Marrieds (Marrieds)		Mos. Days	319 Bros	dmoor Roa	
INDUSTRY Salesman 13. FATHER'S NAME Moderate Mode	Mala WIDOW	ED, DIVORCED (Specify)	6/12/07	9. AGE (In years last birthday) Mon	ths Days Hours Min.
15. WAS DECASED TYPE IN U. S. ARHED FORCES] 16. SOCIAL (Yes, no or unknown) (If yes, give wat or datase service) (Yes, no or unknown) (If yes, give wat or datase service) (Yes, no or unknown) (If yes, give wat or datase service) 16. SOCIAL (Yes, no or unknown) (If yes, give wat or datase service) 16. SOCIAL (Mrs. Helen F. Brewington 319 Broadmoor Rd Security No. 17. Informant (Mrs. Helen F. Brewington 319 Broadmoor Rd Security No. 18. Leading To Death (This does not mean the mode of dying, e.g., heart failure, sathenia, etc. It means the disease, injury or complication which caused death.) DUE TO	work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or:	foreign country)	
15. WAS DECEASE OF WER IN U. S. ARMED FORCES; 16. SOCIAL SECURITY NO. IT. INFORMANT Mrs. Helen F. Brewington 319 Broadmoor Rd 18. L. J.	13. FATHER'S NAME				
CAUSE OF DEATH IS. How Instruction of the process		5r,			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, sathenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VESTOR NOT WHILE AT WORK AT WORK 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 1. INJURY OCCUR? 2. I hereby certify that I aftended the deceased from 3 18. MAJOR FINDING TO THE DISEASE OR CONTINUED AND WORK AT WORK 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 33B. ADDRESS 35B. ADDRESS	(Yes, no or unknown) (If yes, give war or dates of service)			ewington 319	Broadmoor Rd
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING MISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUDOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUDOPSY? 21A. ACCIDENT WAS UNDER: Shouthome, farm, factory, strest, office bidg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER: CAUSE OF DEATH 12ID, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21D. THOU INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21D. THOU INJURY OCCUR? 22A. BUPPLA, CREMA-10A. 24B. DATE 22C. NAME OF CEMETERY OR CREMATORY) 24D. LOCATION (City, town, or county) (State) TION, REMORAL (Specify) 3 - 26 - 53 Druid Ridge Pikes Value 21D. THE ADDRESS SIGNATURE 12B. AUDOPSY? NO. 22B. ADDRESS 15D. TURNER 12B. ADDRESS 15D. TURNER 11B. ADDRESS 15D. TURNER 11B. ADDRESS 15D. AUTOMATICAL PLANE		CAUSE C	OF DEATH		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER LATED TO THE DISEASE OR CONDITION CAUSING IT. 21B. PLACE OF DEATH AND THE DISEASE OR CONDITION CAUSING IT. 21C. WHERE DID (If in Baltimore City, give exact Jocation) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22A. HOPPY. 22A. BUBY. CREMA- 24B. DATE LATED TO THE DISEASE OR CONDITION CAUSING IT. 22B. ADDRESS	DISEASE OR CONDITION DIRECTLY	01	H		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Southbome, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Southbome, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e.g., in or LYING) OR CONTRIBUTING Southbome, farm, factory, street, office bidg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 22I. Hereby certify that I aftended the deceased from Southbome, farm, from the causes and on the date stated above. 22A. BUPPL, CREMA 24B. DATE TION, REMOVAL (Specify) BUT AND CREMA 24B. DATE TO THE BISTAR'S SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TO THE DISEASE OR CONDITION CONTROL AND CREMA 24B. DATE TO THE DISEASE OR SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TO THE DISEASE OR SIGNATURE 24B. BUPPL, CREMA 24B. DATE TO THE DISEASE OR SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TO THE DISEASE OR SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TO THE DISEASE OR SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TO THE DISEASE OR SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TO THE DISEASE OR SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TO THE DISEASE OR SIGNATURE 24C. NAME OF CEMETER OR SIG	(This does not meen the mode of duing a s	veec	weren it core	14 (R.). 40	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ADDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I aftended the deceased from Norwhile work Norwhile Work Norwhile Work Norwhile Norwhi	heart failure, asthenia, etc. It means the disease	e, (A)	of Eigeneals	nort	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22I. Hereby certify that I attended the deceased from 3 - 23, 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.30 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BUBMAL, CREMA- TION, REMOVAL (Specify) Burlos 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burlos 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TOWN OF THE DISCRIPTION ADDRESS DATE RECEIVED BY LOCAL REGISTRAR ADDRESS John O. Mitchell & Sons, Inc1900 Futaw Pl.	heart failure, asthenia, etc. It means the diseas- injury or complication which caused death	e, (A)	of arfinest	nov ₁	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22I. Hereby certify that I attended the deceased from 3 - 23, 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.30 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BUBMAL, CREMA- TION, REMOVAL (Specify) Burlos 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burlos 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TOWN OF THE DISCRIPTION ADDRESS DATE RECEIVED BY LOCAL REGISTRAR ADDRESS John O. Mitchell & Sons, Inc1900 Futaw Pl.	heart failure, asthemia, etc. It means the diseas- injury or complication which caused death ANTECEDENT CAUSES	(B)	cardial Les	wing	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22I. Hereby certify that I attended the deceased from 3 - 23, 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.30 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BUBMAL, CREMA- TION, REMOVAL (Specify) Burlos 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burlos 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TOWN OF THE DISCRIPTION ADDRESS DATE RECEIVED BY LOCAL REGISTRAR ADDRESS John O. Mitchell & Sons, Inc1900 Futaw Pl.	heart failure, asthemia, etc. It means the diseas- injury or complication which caused death ANTECEDENT CAUSES	(B)	eardial Les	ming moretion	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUJOPSY? YES NO 21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) F INJURY 22. I hereby certify that I attended the deceased from 3 - 23 , 1953, to 3 2 4 , 1953, that I last saw the deceased alive on 3 2 4 , 1953, and that death occurred at 2 3 4 m., from the causes and on the date stated above. 23B. ADDRESS M. D. 24A. BUPLY. CREMA- 24B. DATE 10N. REMOVAL (Specify) BUT 191 ATTENDATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23B. ADDRESS ATTENDATE OF OPERATION 23B. ADDRESS 23C. PATE SIGNED 23B. ADDRESS 10DRESS	heart failure, asthemia, etc. It means the diseas- injury or complication which caused death ANTECEDENT CAUSES	(B)	eardial Les	ning mjorelien	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 - 23., 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.33 Am., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL CREMA- TION, REMOVAL (Specify) BURIAN 24C. NAME OF CEMETERY OR CREMATORY (24D. LOCATION (City, town, or county)) 24C. NAME OF CEMETERY OR CREMATORY (24D. LOCATION (City, town, or county)) Pikesville, Md. DATE REGISTRAR: SIGNATURE LOCAL REGISTRAR: MAR 26 1053 PONT OF THE SIGNATURE LOCAL REGISTRAR: MAR 26 1053 PONT OF THE SIGNATURE LOCAL REGISTRAR: MAR 26 1053 PONT OF THE SIGNATURE LOCAL REGISTRAR: SONS, Inc1900 Eutaw Pl.	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. U II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE	(B)	eardial Les	mory moretion	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 - 23., 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.33 Am., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL CREMA- TION, REMOVAL (Specify) BURIAN 24C. NAME OF CEMETERY OR CREMATORY (24D. LOCATION (City, town, or county)) 24C. NAME OF CEMETERY OR CREMATORY (24D. LOCATION (City, town, or county)) Pikesville, Md. DATE REGISTRAR: SIGNATURE LOCAL REGISTRAR: MAR 26 1053 PONT OF THE SIGNATURE LOCAL REGISTRAR: MAR 26 1053 PONT OF THE SIGNATURE LOCAL REGISTRAR: MAR 26 1053 PONT OF THE SIGNATURE LOCAL REGISTRAR: SONS, Inc1900 Eutaw Pl.	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	(B)	eardial Les	ning mjorelien	
21b. Time (Month) (Day) (Year) (Hour) 21c. Injury occurred 21f. How did injury occur? WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 - 23, 1953, to 3/24 , 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.33 A.m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURNA. CREMA- 24b. DATE 24c. NAME of CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) BURNAL (Specify) BURNAL (Spec	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I' 19A. DATE OF OPERATION 19B. MAJOR	(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	eardial des	(2)	20. AUTOPSY7
22. I hereby certify that I attended the deceased from 3 - 23, 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.30 A.m., from the causes and on the date stated above, 23A. SIGNITURE/ 23A. BUBYAL CREMA- 24B. DATE TION, REMOVAL (Specify) Bur 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.30 A.m., from the causes and on the date stated above, 23B, ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Bur 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 2.30 A.m., from the causes and on the date stated above, 23B, ADDRESS PARTICLE 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, to 3/24, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28, 1953, that I last saw the deceased from 3 - 28	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT TO THE DISEASE OR CONTRIBUTING TO THE DISEASE OR CONTRIBUTING TO THE ABOUT HOME, ADDUTTED TO THE ABOUT HOME.	(a) (b) (c) (d) (d) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	eardial des	(2)	20. AUTOPSY7
deceased alive on 3/24, 1953, and that death occurred at 2.34 m., from the causes and on the date stated above. 23A. SIGNITURE 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 10N. REMOVAL (Specify) Burger 3 - 26 - 53 Druid Ridge Pikesville, Md. 25. FUNERAL DIRECTOR MAR 26 1053 PAR 150 POPULATION (City, town, or county) (State) 100 Pikesville, Md. 25. FUNERAL DIRECTOR 100 Pikesville	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT TO THE DISEASE OR CONTRIBUTING About home, IT CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	(A) (B) (B) (C) (C) (C) (C) (C) (C	ATION 1 or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	20. AUTOPSY7
23A. SIGNATURE 23B. ADDRESS Linversity 24C. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24C. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 3 - 26 - 53 Druid Ridge Pikesville, Md. DATE RECEIVED BY LOCAL REGISTRAR: SIGNATURE LOCAL REGISTRAR MAR 26 1053 VS. 150 VS. 150	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OF DEATH CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY m.	CE OF INJURY (e. g., in farm, factory, street, office bidg., etc.) 21e. INJURY OCCURRE	ATION ATION ATION 100 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID INJUR	(If in Baltimore City, gi	20. AUTOPSY? YES NO Ve exact location)
24a. BUBYA. CREMA- TION, REMOVAL (Specify) Bur 191 3 - 26 - 53 Druid Ridge Pikesville, Md. DATE RECEIVED BY LOCAL REGISTRAR: SIGNATURE LOCAL REGISTRAR WAR 26 1053 VS. 150 VS. 150	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. 21B. PLA about home, it CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY m.	CE OF INJURY (e.g., in farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK deceased from 3	ATION ATION 100 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR	(If in Baltimore City, gi	20. AUTOPSY? YES NO ve cxact location) that I last saw the
DATE RECEIVED BY LOCAL REGISTRAR: SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR MAR 26 1953 VS. 150 VS. 150	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING II 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ICAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) F INJURY 22. I hereby certify that I aftended the deceased alive on 3 7 9 3.	TO COLUMN (A) DUE TO (B) COLUMN (B) COLUMN (C) COLUMN	ATION LOT 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY - 23, 1953, to 3 red at 2:30 Am., from	(If in Baltimore City, gi	20. AUTOPSY? YES NO ve cxact location) that I last saw the date stated above.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE ADDRESS SONS, Inc.—1900 Eutaw Pl. WAR 26 1953 VS 150	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, It cause of DEATH 21D. TIME (Month) (Day) (Year) (Hour) The INJURY m. 22. I hereby certify that I aftended the deceased alive on 3 7 4 1953.	TO COLUMN (A) DUE TO (B) COLUMN (B) COLUMN (C) COLUMN	ATION OF 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY - 23. 1953, to 3. 1953, to	(If in Baltimore City, gi	20. AUTOPSY7 YES NO ve cxact location) that I last saw the date stated above. 23c. DATE SIGNED
vs 150	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased alive on 3 7 1953. 23A. SIGNITURE 24A. BURYL, CREMA- 24B. DATE TION, REMOVAL (Specify)	DUE TO (B) (B) (B) (C) (C) (B) (C) (C)	ATION OF 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Ted at 2:30 Am., from 3B, ADDRESS RY OR CREMATORY / 24D.	(If in Baltimore City, given and the causes and on the LOOATION (City, town, control of the cont	20. AUTOPSY7 YES NO ve cxact location) that I last saw the date stated above. 23c. DATE SIGNED
45073	heart failure, asthenia, etc. It means the diseasinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. About home, IT CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY m. 22. I hereby certify that I attended the deceased alive on 3 7 1953. 23A. SIGNATURE 24A. BURY, CREMA- TION, REMOVAL (Specify) BUT 191 DATE RECEIVED BY REGISTRAR: SIGNATURE	DUE TO (B) (B) (B) (C) (C) (B) (C) (C)	ATION Tot 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 2:30 Am., from 3B, ADDRESS RY OR CREMATORY 24D. P1: 25. FUNERAL DIRECTOR	(If in Baltimore City, given and the causes and on the Location (City, town, okesville, Md.	20. AUTOPSY7 YES NO ve cxact location) that I last saw the date stated above. 23c. DATE SIGNED 3/24/53 or county) (State)

TRUMPASSO INTERNATION OF SHIPMAN

- 5	20
53 BIRTH	N3035

Registered No. 3035

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mary Levering Bond	2. DATE OF DEATH March 24, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 312 Woodlawn Road	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland none C. CITY OR TOWN (If outside composite times, write JURAL and give township)
ngth of stay in Baltimore life Yrs. Mos. Days	Baltimore D. STREET ADDRESS (If rural, give location) 312 Woodlawn Road
female white 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 29, 1882 9. AGE (In years li Under I Year last birthday) Months: Days Hours Min.
10a. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) 10a. KIND OF BUSINESS OR INDUSTRY 10a. FATHER'S NAME	Baltimore, Md. U.S.
Edwin Walker Levering	Mary Gould Levering
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Margery Bond 312 Woodlawn Road
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	of DEATH stive heart failure leumatie balvularheart dulases years: wellerses, Jenualy ed
19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK, AT WORK,	
deceased alive on 33 MM, 1953, and that death cour	red at C m., from the causes and on the date stated above. 3B. ADDRESS 1207 Futaw Place 3 - 25 - 53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 3 - 26 - 53 Greenmount	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAR 26 1953	John O.Mitchell & Sons, Inc1900 Eutaw Plac
110 150	III IU II U/IFAA / I/I



-5	3.	5
53	3	3036
BIRTH	NO.	
1 NAN	IF OF	DECEAS

Registered No. 3036

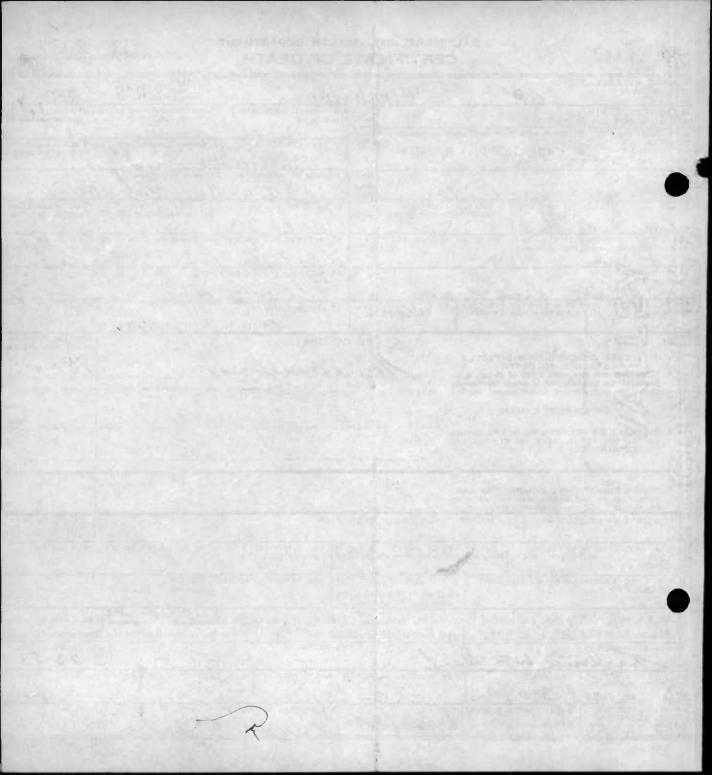
	RTH NO.	76.0		CERTIFICATI	E OF DEATH	registered	110
	NAME OF I		15/61,	Edmona		2. DATE OF DEATH	23/53
3. A.	Baltimore		Balt		4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION		al or institut	ion, give street address or location)	c. CITY OR TOWN (I	f outside corporate lin	nits, white RURAL and give township)
~)		1100		Yrs.	DALTIMORE (II	rural give location)	UI
d	ngth of	stay in Baltimore	un Kno	NOS. Days	214 E Pra 1	45+	
5.	SEX M	6.COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH No V. 9. 1908	9. AGE (in years last birthday)	Months Days Hours Min.
10 work	A. USUAL OC done during most	CCUPATION (Givekind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME		rest.	14. MOTHER'S MAIDEN N	IAME	
	1	OMAN S	HUND		STELLA LI	EPSIC	
(Ye	ALI	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
-	18. K.	-		073-10-567	OF DEATH	KECOR 09	INTERVAL BETWEEN
CERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA soft mean the mode ure, asthernia, etc. It me complication which ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B)	lises / Suc	and Fail	ONSET AND OEATH
١				FINDINGS OF OPER	ATION		20. AUTOPSY?
IEDICA	21A. ACCII LYING C CAUSE OF	DENT WAS UNDER- PR CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	or 21c. WHERE DID (If in Baltimore City	yes No
M	21d. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
		by certify that Lat	1		23 1953to		13that I last saw the
П	deccased of	live on 8	0/19.5.	and that death occur	red atm., from	the causes and on	the date stated above.
	25%. 51517	more	Da	M. D.	nearcy /	let &	3/23/53
24 TIC	A. BURIAL,	CREMA 24B. DATE Specify)	,	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	vn, or county) (State)
D	BULLA TE RECEIVE	D BY REGISTRAR	53 I	new talker	25. FUNERAL DIRECTOR	Ballems	ADDRESS!
L	CAL REGIS	TRAR Huntin	A- 14	Migues Mate	Wm Carl	AC	So Par o lo
=	Vs 150	E T W	3	40	1 1	1211	50.7 may 770

754 6M

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3037

=	in in inc.						
	NAME OF D	DECEASED TAA		Black	MAN	2. DATE OF MAR	2 2 1953
	Baltimore (EATH: City, Maryland		Prien		(Where deceased lived, If	institution: residence before admission)
	FULL NAME	OF (If not in hospita	d or instituti	ion, give street address or location)	Md.		01
	STITUTION	JOHNS H	OPKINS	HOSPITAL	C. CITY OR TOWN.	(If outside corporate imits	township)
			12	Yrs. Mos.		(If rurai, give location)	
5.	. SEX	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	Central 9. AGE (In years)	Under 1 Year If Under 24 Hours
	Lemale	colored		ED, DIVORCED (Specify)	11-8-33	last birthday) Mo	nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY		r foreign country)	12. CITIZEN OF
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	0.0	U.S.A
	FRAN	(ten A)	ant.		TALOR PO	(1) L E	
15	. WAS DECENS	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL	17. INFORMANT	anue	DDRESS
(10	s, no or anenowo,	(x, yes, give war or dates	or service)	SECURITY NO.		OPKINS HOSPITAL	
	18. 193	X		CAUSE	OF DEATH	STANS NOSHIA	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION !		7			181
3	heart failu	not mean the mode of tre, asthenia, etc. It mean	dying, e. g		scarcoms		70 ~8,
	injury or	complication which co	used death.	DUE TO			
-		ANTECEDENT CAUS	ES				
ON	DISEASES	S OR CONDITIONS, IF	ANY, GIVIN	(B) G E DUE TO	***************************************		
CAT	FI HINDERI VINC CONDITION						
ũ.		11					
ERT	OTHER SIGNIFICANT CONDITIONS CON-						
S	TO THE D	ISEASE OR CONDITION	CAUSING IT				
SAL	19A. DATE C	OF OPERATION 1	B. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., ic arm, factory, atreet, office bidg., e	or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
	21b. TIME ((Month) (Day) (Year)		21E. INJURY OCCURRI		RY OCCUR?	
K			m.	WORK NOT WHILE			
		y certify that I att			- 14- 1952to	3-22-,195	3 that I last saw the
Н	deceased at		, 19.2.2.	and that death occur	red at Hm., from	the causes and on th	e date stated above.
	m	Leviel W	= 4	il M.D.	JOHNS HOPK	INS HOSPITAL	3-23-53
24 TI	AA BURIAL O	REMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
0	Ou One	DOE 3-23	-63	Lan	Cester 0	, 0: 6	· D.C.
L	ATE RECEIVE	RAR	7 1/1/	reliaus Moto	25. FUNERAL DIRECTOR	(C)	ADDRESS
4		953	- 1		Jugner	Unders	
	VS 150				217 6.	Treston	S/



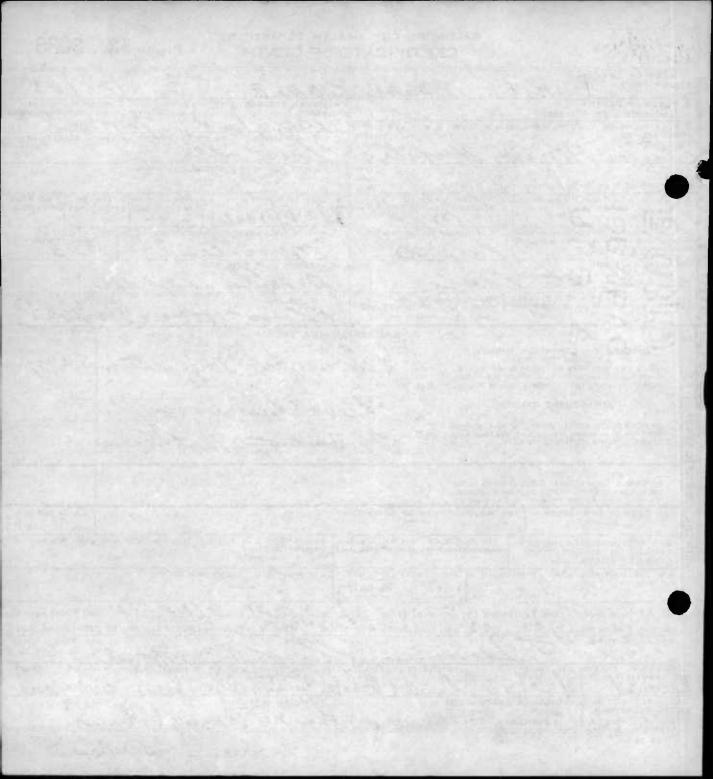
-6	3	6
53		3038
BIRTH	1 14	J.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	3038
Registered No	

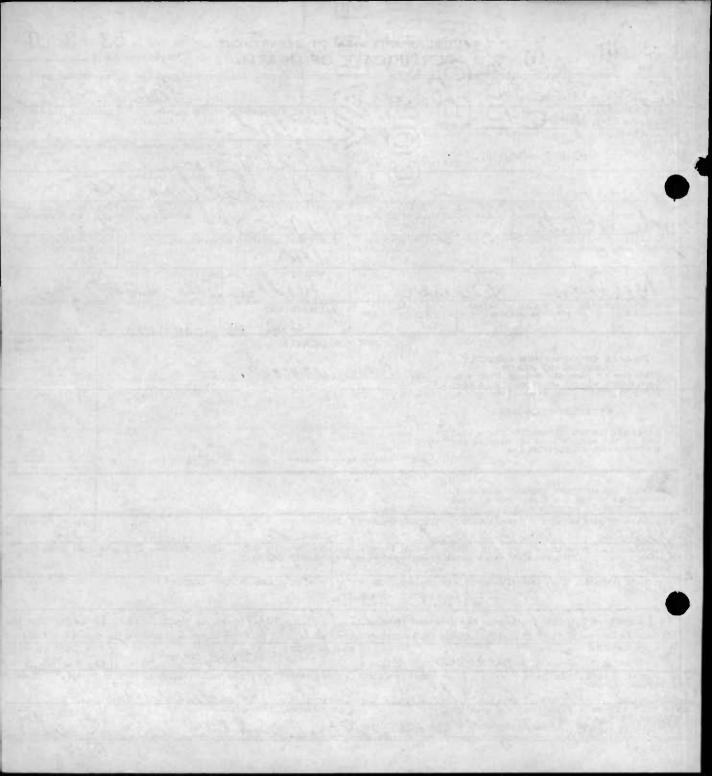
1. (T	NAME OF D Type or Print)	ECEASED	eN Eile	ein Cart	<u>.</u> .	1211-0	2. DATE OF MAI	0 0 0 1000
	PLACE OF D	EATH: City, Maryland	CN	CHFI	4. USUA	L RESIDENCE (Where deceased lived	Lif institution: residence
В.	FULL NAME OSPITAL OR		al or institution	n, give street address o	r	Md.		A 4900
IN	ISTITUTION	JOHNS HOP	KINS HOS	location)	c. CITY	- 11	13	imits, write RERAL and give jewnship)
2	2)			Yrs.	D. STREE	TADDRESS (I	f rural, give location)	0
Jul.	ngth of s	tay in Baltimore	2 WE			0 N. W	olfe 5	5t.
3.	Para la	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED. D, DIVORCED (Specify	8. DATE	OF BIRTH	9/AGE (in years last birthday)	Months Days Hours Min.
No.	A, USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTH	PLACE (State or	foreign country)	12. CITIZEN OF
1	pmesti	C.	Privat	e Family	Hala		Va.	WHAT COUNTRY?
15	FATHER'S N	10			14. MOTH	ER'S MAIDEN N		
15	5. WAS DECEASE s, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFO	RMANT		ADDRESS
(10	Mo	(If yes, give war or date	1 Of Bervice)	SECURITY NO.		JOHNS	HOPKINS HO	SPITAL
	18. 600			CAUSE	OF DEAT	ГН		INTERVAL BETWEEN ONSET AND DEATH
	OISEAS (This does	E OR CONDITION LEADING TO DEAT not mean the mode of	DIRECTLY TH	un	emis	4/		1+mos
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease.)			***************************************
		ANTECEDENT CAUS	ES	1/4	0_	1.7		7
NO	DISEASES	S OR CONDITIONS, I	F ANY, GIVING	(B)		anus	**0:00**:::::::::::::::::::::::::::::::	4
TAT	UNDERLY	HE ABOVE CAUSE (A)	STATING THE	(C)				
IFIC		11						
CERTIFICATION	TRIBUTING	IGNIFICANT CONDI	NOT RELATED					
		F OPERATION 1		FINDINGS OF OPE	RATION			20. AUT9/PSY7
EDICAL	214 ACCID	ENT WAS UNDER-	1 215 P! AC	CE OF INJURY (e. g.,	' 1 21c N	WIERE DID. (To in Dallimon Cit	YES NO
MEDI	LYING OF	R CONTRIBUTING[] DEATH	about home, far	m, factory, street, office bldg.,		WHERE DID (RY OCCUR?	If in Baltimore Oil	y, give exact location)
1	OF INJURY	(Month) (Day) (Year)	WH	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		AULNI DID WOF	Y OCCUR?	
	22. I hereb	y certify that I att	ended the d	eceased from 3	-15-	, 1953 to 3	-23-,19	53 that I last saw the
	deceased al	live on 3 - 23 -	., 1953. ar	nd that death occur	rred at /5	2 Am., from	the causes and or	n the date stated above.
	Mud	wich lu-	Will	м. р.		15 HOPKINS	HOSPITAL	3-23-53
24 TIC	A. BURIAL, C	DREMA 248. DATE	, 24	NAME OF CEMETE	RY OR CRE	MATORY 24D. L	OCATION (City, to	wn, or county) (State)
	KIPPE L	3-25-	1953 M	Faul Ols	Meles	KAL DIRECTOR	afax,	YITGITIIB
	MAR 261		ton W	Vialus M.P.	Ran de	Polis Cook	Pi- + 14126	E Prostre St.
	VS 150	000		7208	A 1	10		
				1 January				

53, 3039 BALTIMORE CITY HEALTH DEI CERTIFICATE OF DE	52 2029
1. NAME OF DECEASED (Type or Print) DANIEL EDGAR COA	LE 2. DATE 3/25/53
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
HOSPITAL OR INSTITUTION Location c. CITY OR	TOWN (If outside corporate limits write RURAL and give township)
ngth of stay in Baltimore 2 Wis. Mos. Days	ADDRESS (If rural, give location)
	9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of Mork done during most of work ing life, even if retired) 10B. KIND OF BUSINESS OR NDUSTRY	ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER	R'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORM	ANT Home & Homeles
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO	ary Infaction Sdays.
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CAUTUMOSES	Cromborin when Heat Sieces
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY	ERE DID (If in Baltimore City, give exact location) OCCUR?
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OF INJURY NOT WHILE AT WORK AT WORK	W DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3/23	, 1957, to 3/25, 1955, that I last saw the
23A SIGNATURE 23B. ADDRESS	
240 BURIAL, CREMA-1 24B, DATE 24C, NAME OF CEMETERY OR CREMA THOUREND REMOVAL (Specify) 3/25/53 Luites Chaple com	TORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL MAR 26 105	ry Varries & Louis
vs 150 34 al	berdeen maryland.



BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 53-01603 CERTIFICATE OF DEATH Re	53 3040 egistered No.
1. NAME OF DEGRASED aby Bauer 12. DAY S. PLACE OF DEATH: 1. NAME OF DEGRASED 2. DAY DEATH 3. PLACE OF DEATH: 3. PLACE OF DE	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITOR TOWN (If outside cor	pornte limits, write HURAL and give
Yrs. Mos. JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rufal, give	
	(Ly years Under 1 Year H Under 24 Hours in thday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11 DIRECT State or foreign countries of working life, even if retired)	ntry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME VILLIAN BOULE 14. MOTHER'S MAIDEN NAME 15. WAS DEPASED EVEN IN ILL. ADMINISTRATION TO THE PARTY OF THE	3 4BETHYONES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Outplusion (A) DUE TO	Suil bettle
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR?	20. AUTOPSY? YES NO more City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	7
22. I hereby certify that I attended the deccased from / - () 1953 to 2 · 2 · deceased alive on 2 · 2 · , 1953, and that death occurred of 1/2 · h., from the causes	s and on the date stated above.
Thomas E. Packelderser. 238, ADDRESS HOPKINS HOSP	PITAL 3/25/53
24A. BURIAL, CREMA- 10A, REMOVAL (Specify) Much 24B. DATE 24D. NAME OF CEMETERY OR PREMATORY 24D. DOCATION ALMAN DATE RECEIVED BY LOCAL REGISTRAR. HEGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR LOCAL REGISTRAR.	(City, town, or county) (State) ADDRESS 12/7 At Saul St.
VS 150	

Н



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3041 53

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Manual and COUN'	TV 5			
COUNTY Baltimore MARYLAND		TY Baltimore			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and a	rive nearest town)			
OR give nearest town) Catonsville (in this place)	TOWN Catonsville				
HOSPITAL OR	STREET (If rural, give location)	60 to			
STREET ADDRESS Hood Nursing Home	1 700 Academy Road				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)			
(Type or Print)	DURAN DEATH March 1				
5. SEX Female 6. COLOR OR RACE WIDOWED, DIVERD, ONVORCED, Specify, Single, Specify, Single, Specify,	S. DATE OF BIRTH 9. AGE last hirthday If und	er i year If under 24 hrs.			
(5)(0.3)	August 11,18/3 /9 yrs.				
done during most of working life even if retired) Tractical Nurse 10b. Kind of Business on Industry General Practice	11. BIRTHPLACE (State or foreign country) Maryland	COUNTRY U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Doran	Mary Neil				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 700 Aca	demy Road,			
(Yes, no, or unknown) (If yes, give war or dates of service) None	Mr. William A. Harmon Caton	sville, Md.			
I8. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
447 X De Cabolism - Ca	0.				
Immediate cause (a) Constant - Ca		-040 00 00 00 00 00 00 00 00 00 00 00 00			
Antecedent cause(s) Diseases or conditions, if any, (b) Arterisclesons,	Nigh Blood Pressure	12 years			
	: 00 /	0			
stating the underlying cause last (c) aurieular Filer	dlatic	14 yre			
II. OTHER SIGNIFICANT CONDITIONS		10			
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
	The state of the s	Yes 🗆 No 🗷			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	Y) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?				
INJURY m. Work At work	94 6 60				
22. I hereby certify that I attended the deceased from, 1941., to Mar. 15., 1953., that I last saw the deceased					
alive on Mar 10, 1953, and that death occurred at	alive on Man 10, 1953, and that death occurred at 11:45 7m., from the causes and on the date stated above.				
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED			
Rabert B. 1 auglor mD		16 1953			
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVALISTICATION March 18,1953 New Cathedra	LOCATION (City, town, or control Cemetery Baltimore, Md.	unty) (State)			
DATE RECOUNT LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	MADDRESS 9nd			
	Charles Alana Lander	, // ,			

MAR 19 1953
BUREAU V. S.

- (6	5	6	
53	1 H	30	142	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

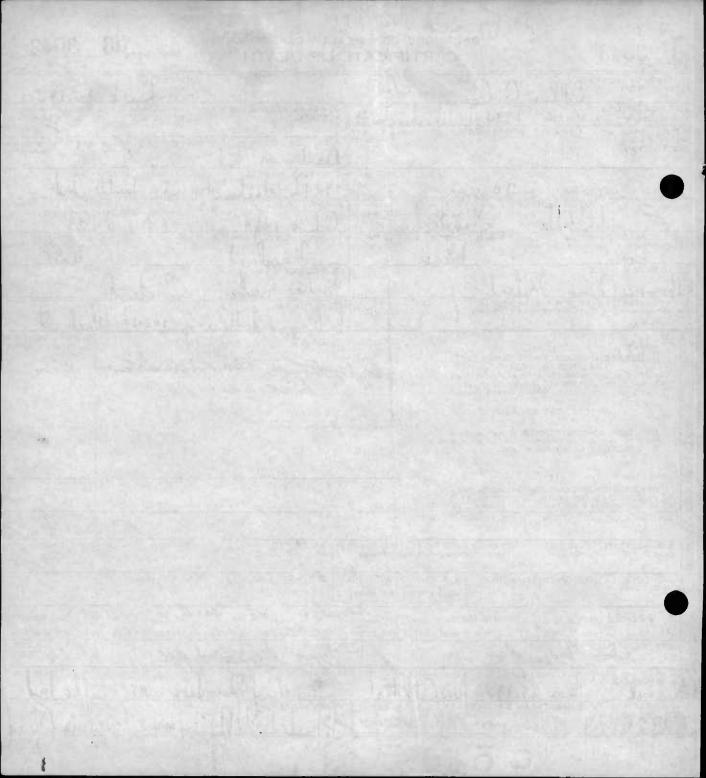
Registered No. 3042

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Soldie Bernstein	2. DATE OF DEATH Murch 25,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate lives, write RUHAL and give township)
c. Ongth of stay in Baltimore 45 446 Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min.
Female White married	9-19-90 62
10A. USUAL OCCUPATION (Give kind of work depolituring most of work log life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Schenberg	Trose !
15. WAS DECIFASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	OF DEATH Signoid INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tontis
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT NOT WHILE	ED 21F, HOW DID INJURY OCCUR?
m. WORK AT WORK 22. I hereby certify that I attended the deceased from	2-15, 1953, to 3-25, 1953, that I last saw the
deceased alive on 3-25, 1953, and that death occur	, Italia, trade i two dette tree
	JOHNS HOPKINS HOSPITAL 230. DATE SIGNED
24A BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) May 26 53 24G. NAME OF CEMETE	RY OR CREMATORY EAD. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DURECTOR ADDRESS
Vs 150	North ane

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 33 3043

BIRTH NO.	
1. NAME OF OECEASTO (Type or Print)	2. OATE OF LO. 1953
A. Baltimore City, Maryland 1914 Washington St	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate divides, write killing L and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Agth of stay in Baltimore 70 Mess. Days	1924 h Washington St Butto Ind
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WILLOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under I Year H Under 24 Hours Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done dowing most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	mayland WHAT COUNTRY?
Thomas Cain Ireland	Dulia hules (Island
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or-unknown) (If yes, give war or dates of service) SECURITY NO.	M. INFORMANT JEARN 1924 h Wash St
18. 44 3 Y CAUSE O	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	sature corporated year
injury or complication which caused death.) DUE TO	mene.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- H TRIBUTING TO THE DEATH, BUT NOT RELATED O TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. OATE OF OPERATION 19B. MAJOR FINOINGS OF OPER	ATION 20. AUTOPSY?
21a. ACCIOENT, SUICIOE. HOMICIOE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE OID (If in Baltimore City, give exact location)
	tc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that Lattended the deceased from	, 19 V, to very , 19 V, that I last saw the
deceased alive on 1999, 1999, and that death occur	red at 7 m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED
24a. BURIAL, CREMA-124B. DATE 24C. NAME OF CEMETER	RY OF CREMATORY 24P. LOCATION (City, town, or coupty) (State)
Duried (Specify) mar 28, 1953 has Catheral	Cemeter Edmondora aver Butto me
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIFECTOR ADDRESS ROLL
VS 150	There will do to seems ford



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF Frederick Neal Packham DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Balto B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN Union Memorial Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 617 S. Streeper Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours Min. WIDOWED DIVORCED (Specify 2-11-95 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY USA Laborer Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Georgianna Krasmierski same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT 19.50 to MARCH 231953, that I last saw the 22. I hereby certify that I attended the deceased from AUC. 1 deceased alive on MARCH \$1953, and that death occurred at m., from the causes and on the date stated above. 23A. SIONATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA, TION, REMOVAL (Specify) 246 DATE 24c. NAME OF CEMETERY OR CREMATORY 3-25-53 Baltimore, Md. Oak Lawn REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS glow Withaus, M

VS 150

Lilly & Zeiler 403 S. Wolfe Street

-7	00	
3	3045	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3045
Registered No.

BIRTH NO.	
1. NAME OF DECEASED Authory Law	15 2. DATE OF DEATH 3/24/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limit, write & Ulfaland cive
INSTITUTION Univ. HOSP.	C. CITY OR TOWN (If outside corporate limit, write AURAL and give township)
Yrs.	D. STREET ADDRESS Affirmal gift leading Marison St.
c. Leigth of stay in Baltimore Mos. Days	THE ASSOCIATE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I year If Under 24 Hours last birthday) Months Days Hours Min.
NI Surge	11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF
ork done during lost of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(7/msnown)	(Mulevour)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
SECORIT NO.	Mrs Mary Keilly 733 McCalelive.
	OF DEATH / BALLO, MINTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	simama Uneter ?
heart failure, asthenia, etc. It means the disease,	
Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	ies elerosis
	ATION 20, AUTOPSY?
3/2/ Lt. Ca water	4 Hydromphosis YES NO.
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3	14, 1953to 3/24, 1953that I last saw the
deceased alive on 3 /24 1953 and that death occur	red at
23A. SIGNATURE 4 P. Bolom. D. 2	3B. ADDRESS ADD 3/24/6
24A, BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) State
Idunal 3-76-33 /Noneland/	remond Cem. 1 Jallo., ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150	5305 Harford Red. Batto. 14, mil.

-	3	0	0	
B	IRT	30	4	3

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3046

BIRTH NO.	CERTIFICATI	L OF BLATTI				
1. NAME OF DECEASED (Type or Print) ESTELLE	WHITE	2. DATE OF DEATH 3/23	-15-2			
3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospit	Mercy Hospital.	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before (dmission)			
HOSPITAL OR	location)		write RVRAL and give township)			
c. Length of stay in Baltimore	82 Mos. Days	D. STREET ADDRESS (If rural, give location) 5314 MORELLO RD,				
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years last birthday)	nder 1 Year If Under 24 Hours this Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even If retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2057			
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give wer or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AD	DRESS			
18. 33/X		OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of the continuous co	f dying, e.g., (A) Cullens the disease,	l vescular ascialet	5			
ANTECEDENT CAUS	ES (B)	tension	MANY YIRS			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	FANY, GIVING	isochumis - C-V.A.				
OTHER SIGNIFICANT CONDI	NOT RELATED					
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg.,	n or 21c. WHERE DID (If in Baltimore City, gi- etc.) INJURY OCCUR?	YES NO Ve exact location)			
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
INJURY	m. WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from 3/20/3 19, to 3/25, 19 53 that I last saw the deceased alive on 3/21, 1953, and that death occurred at 427 m., from the causes and on the date stated above.						
deceased alive on 3/21 23A. SIGNATURE		rred at 9 m., from the causes and on the	date stated above. 23c. DATE SIGNED			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 3-79.	24c. NAME OF CEMETE	RY OR CREMATORY 240/10CATION (City, town, o	r county) (State)			
DATE RECEIVED BY REGISTRAN LOCAL REGISTRAN	glow Williams, My	25 FUNERAL DIRECTOR SOLLS	ADDRESS P.			

(2	1-2/
11-	536
BRTH	3041

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3047

1. NAME OF DECASED 1. PARCE OF DECATH 2. DATE DEATH ARY C. 2. 1/9.3 3. PLACE OF DEATH 3. Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address are HOSPITAL OR DATE OF OPERATION 1. STREET ADDRESS (If rural, give location) 3. O'T OR TOWN O'T OF TOWN O'T OF TOWN O'T OF DISTRIBUTION O'T O'T OR TOWN O'T
3. PLACE OF DEATH Baltimore City, Maryland 6. FULL NAME OF (If not in hospital or institution, give street address or location) 10
Control Cont
Institution 3017 Wayle Avenue Institution 3017 Wayle Institution Institution
Signate of stay in Baltimore Signat
OBTREET ADDRESS (If rural, give location) Instead of the control of the control object of the control of the control object of
S. SEX G. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 10 will be with provided by provided of the provided by provided of the provided by
5. SEX S. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In year linest birthday) Months: Days Hours Ho
10.A USUAL OCCUPATION (Give kind of Mark More and Mark M
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 18. # 20 . Interest of continuous parts of the service) (If yes, give war or dates of service) 19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 10. SECURITY NO. 11. INDUSTRY 12. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. # 20 . INTERVAL BETWE ONSET AND DEATH (This does not mean the mode of dying, e.g., heart failure, asthemis, etc. It means the disease, injury or complication which caused death.) 20. ANTECEDENT CAUSES 21. ANTECEDENT CAUSES 22. ANTECEDENT CONDITIONS CONTRIBUTING CONDITION AUSING IT. 23. ANTECEDENT WAS UNDER. 21. PLACE OF INJURY (e.g., in or 2.1 C. WHERE DID INJURY OCCUR? 21. ANTECEDENT WAS UNDER. 21. PLACE OF INJURY OCCURRED CAUSE OF DEATH 22. I horeby certify that I attended the deceased from DECEMBER, 1947, to MATCH, 1947,
WORK DOUGH WORKING HIGH WORK HER HOLD WORK HER DID HOUSE NOT HER SIGNIFICANT COUNTY WHILE TO THE DISASE OR CONDITIONS CONTRIBUTING CONDITION LAST. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or wishnown) (If yes, give war or dates of service) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or wishnown) (If yes, give war or dates of service) 16. SOCIAL WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or wishnown) (If yes, give war or dates of service) 17. INFORMANT WAS UNDERS (A) SECURITY NO. WAS AND DEAD OF THE DISASE OR CONDITIONS CONTRIBUTING TO THE DISASE OR CONDITIONS CONTRIBUTING CAUSING IT. 18. # 20
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. 4 20 1 DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., beart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID INJURY OCCUR? LATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID INJURY OCCUR? WHILE AT NOT WHILE WHERE TO THE MEAN CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE WHO INJURY OCCUR? WHILE AT NOT WHILE WHILE WHILE AT NOT WHILE WHILE WHILE AT NOT WHILE WHILE WHILE AT NOT WHILE WHILE WHILE WHILE AT NOT WHILE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no y yaksowa) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WITH ADDRESS (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WITH ADDRESS (If yes, give war or dates of service) 17. INFORMANT WITH ADDRESS (If yes, give war or dates of service) 18. #20 10. DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO NOT NOT NOT NOT NOT NOT NOT NOT NOT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no y yaksowa) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WITH ADDRESS (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WITH ADDRESS (If yes, give war or dates of service) 17. INFORMANT WITH ADDRESS (If yes, give war or dates of service) 18. #20 10. DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO NOT NOT NOT NOT NOT NOT NOT NOT NOT
SECURITY NO. SECURITY NO. SECURITY NO. MISS MATY HUMET 3017 NAY WE ARE — CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or compileation which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE D
SECURITY NO. SECURITY NO. SECURITY NO. MISS MATY HUMET 3017 NAY WE ARE — CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or compileation which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE D
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or compileation which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. CAUSE OF INJURY (e.g., in or CAUSE OF CONTRIBUTING CONTRIBU
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) FANY, GIVING UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from Declument of the contribution of the deceased from Declument of the
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) FANY, GIVING UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from DECLUMET, 1947 to MATCH, 1923 that I last saw to the contribution of the deceased from Declument of the contribution of the deceased from Declument of the
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) ANTECEDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) PORTOR OF CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WOR
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING) OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING) OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING) OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING) OR CONTRIBUTING 21B. PLACE OF INJURY OCCURRED 21B. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK AT WOR
beart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTION CAUSING IT. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: VERY CANDIDATE (If in Baltimore City, give exact location) 19A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) OF INJURY 22. I hcreby certify that I attended the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of the deceased from December, 1947, to March, 1953 that I last saw in the contribution of th
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK 22L I hereby certify that I attended the deceased from DECEMBER, 1947, to MAYOR, 1953 that I last saw in the control of the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21C, WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 1947, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the control of the deceased from December, 1947, to MATCH.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21C, WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 1947, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the deceased from December, 1947, to MATCH, 1953 that I last saw in the control of the control of the deceased from December, 1947, to MATCH.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. About home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from December, 1947, to Mayor, 1923 that I last saw in the control of the deceased from December, 1947, to Mayor, 1923 that I last saw in the control of the deceased from December, 1947, to Mayor, 1923 that I last saw in the control of the deceased from December, 1947, to Mayor, 1923 that I last saw in the control of the deceased from December, 1947, to Mayor, 1923 that I last saw in the control of the deceased from December, 1947, to Mayor, 1923 that I last saw in the control of the deceased from December, 1947, to Mayor, 1923 that I last saw in the control of the control
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22B. PLACE OF INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the contro
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the contro
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the contro
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the contro
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of the control of the deceased from December, 1947, to March, 1953 that I last saw in the control of th
m. WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK 1947, to March, 1953 that I last saw to
22. I hereby certify that I attended the deceased from December 1947, to March , 1953 that I last saw
22. I hereby certify that I attended the deceased from December, 1941, to March, 1923 that I last saw
1// 107 62
deceased alive on March 25, 1933, and that death occurred at 1 2 m., from the causes and on the date stated about
23A_SIGNATURE 23B. ADDRESS 23C./DATE_SIGNE
millard To Tratend & M.D. 3400 Noodbine Are Batto 7, Md. 3/25/53
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) (Stat
Quirial mch. 28/53 Larpwood Jamilton Bettimere Me
LOCAL REGISTRAR
LOCAL REGISTRARY SIGNATURE Williams A farm N. lutake 4101 Samondson

So 3143.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3048 Registered No.

- 0	KIN NO.								
	NAME OF D Type or Print)	I	KATHERI	NE KUHL			2. DATE OF DEATH Ma	r. 22	, 1953
A.		City, Maryland			4. USUAL RESIDER	NCE (Wh	ere deceased lived. B. COUNTY	If institut	ion: residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md.		A A -		
	ISTITUTION	3913 W. Muli	perry S	t.	c. CITY OR TOWN	(If or	itside compor ite lim	its, write	RURAL and give township)
					Baltimore				township)
0				Yrs.	D. STREET ADDRES	SS (If ru	ral, give location)		
C.	ngth of s	tay in Baltimore		Mos. Days	3913 W. Mull	berry	St.		
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED.	8. DATE OF BIRTH		9. AGE (In years)	If Under 1 Yo	ear If Under 24 Hours
	male	white		dowed (Specify)	Nov. 10, 18		last birthday)		
worl	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or fore	eign country)	12. CI	TIZEN OF HAT COUNTRY?
	usewife		at	home	Maryland				
13	FATHER'S	NAME	5		14. MOTHER'S MAI	DEN NAM	1E		
	erman Feh				Katherine Pe	ensel			
15 (Ye	. WAS DECEASE	ED EVER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S
no		(**************************************		no no	Mr. H. J.Fel	hler-3	519 Libert	v Het	s. Ave.
	18. 1/2			CALISE (OF DEATH				TERVAL BETWEEN
	7000	SE OR CONDITION	DIDECT: W	CAUSE	DEATH	7		ON	SET AND DEATH
		LEADING TO DEAT	TH	Can	1/		1		1 Car
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. a	5., (A)		12.12.14			
	injury or	complication which c	aused death	L) DUE TO	erros els	w			
		ANTECEDENT CAUS	ES	0.	1 4	Men	tracken		11) 26200-
z				(B)	er sec iv 7			/	1
2		S OR CONDITIONS, II HE ABOVE CAUSE (A)			eren of	resu	fucien	Ca.	o weren
A		ING CONDITION LA		(C)					
01:				(6)	***************************************	********	***************************************		************************
ERTIFICATION		11							
ER		IGNIFICANT CONDI							
Ü		ISEASE OR CONDITION							
L	19A. DATE C	F OPERATION 0 1	98, MAJOR	FINDINGS OF OPER	ATION			2	O. AUTOPSY?
V									ES NO
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			in Baltimore City,	, give exa	act location)
-	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID	INJURY (OCCUR?		
	OF INJURY			WHILE AT NOT WHILE			,		
L			m.	WORK AT WORK	1017	-7	1000	2	
		y certify that I att			1950 , 19,	, to	, 19	23, that	I last saw the
	deceased al		, 1955,	and that death occur		from the	causes and on		
	23A. 51611AT	TURE		1 1 3	3B. ADDRESS	4	00	23c.	DATE SIGNED
	(2/1/2	Weller K	mis	~ / M.D.	W Kule	are "	Karl	3/	24/>
710	AA. BURIAL, CON, REMOVAL (S Burial	REMA- 24B. DATE	1	24c. NAME of CEMETER		24b. LOC	CATION (City, tow	n, or coun	nty) (State)
	Burial	3/26/53	3	Loudon Park	Cem.	Balt	o., Md.	0	
	ATE RECEIVE		SIGNATU	JRE /	25 FUNERAL DIRE	CTOR	0	ADDR	RESS
M	AR 2610	53 Thurt	ington	Williams M.	Vm. Y:	Vice	ener 4	Sou	S
	VS 150	Jef	0			(1)	atto 17	Mi	11.
					/	11/1/1	(LYV) (/.	1186	11

We are the state of the state o . BOAR A STEEL STANKE. The

supplied.

ully

should

of

BINDING

FOR

RESERVED

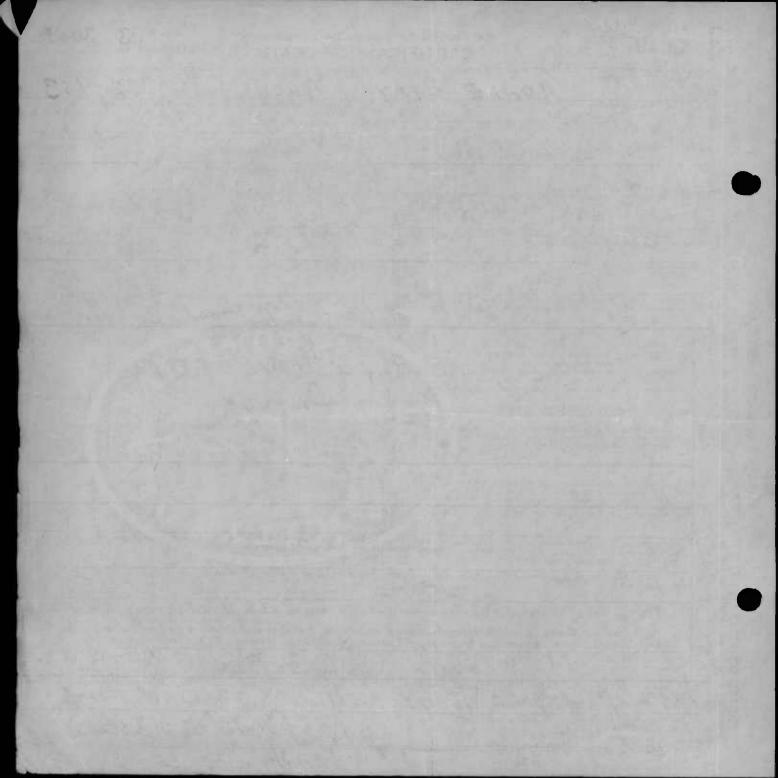
MARGIN

WITH

PI

WRITE

PLEASE

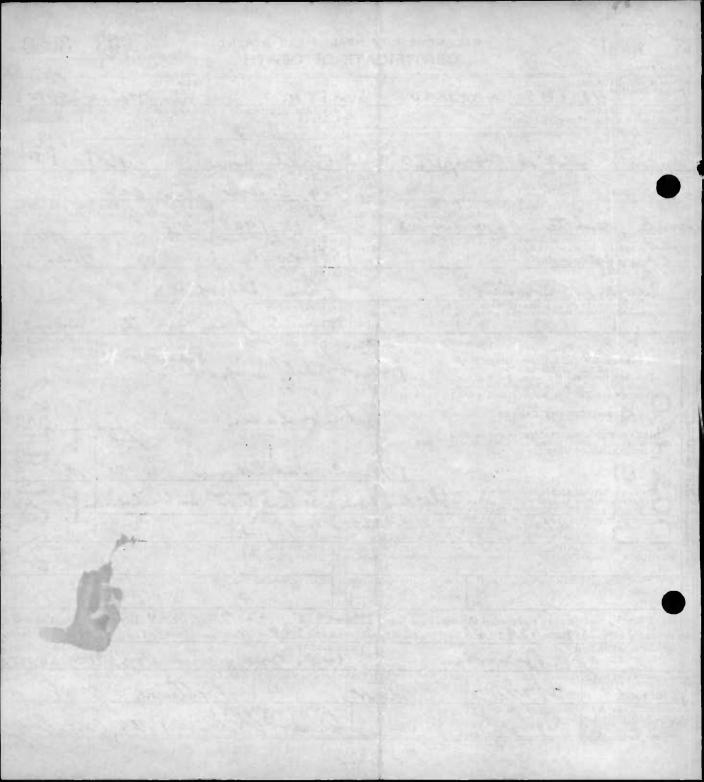


53	3 <i>0</i> 3050
BIRTH	NO.

) (3 305	0				OF DEAT		Registered	53 No	3050
1	NAME OF D		4/00	10/11/	C.	. : - 4	2	2. DATE OF	. 1	21.10.00
3.	PLACE OF D	THILLES	NOR	PALM N		4. USUAL RESID	ENCE (Whe	DEATH re deceased lived, 1 B. COUNTY		residence fore admission
В.	FULL NAME		al or instituti		ddress or	CITY OF TOWN	v (lf out	side corporate lim		
11	ISTITUTION	memorial	Ho	pital		Baltin	more	7	12	7- toppehip
6.	Seth of s	tay in Baltimore			Yrs. Mos. Days	704 E. O	Lelen	al, give location)	æ.	
5.	mole	6.COLOR OR RACE	7, SINGLE WIDOW	MARRIED, ED, DIVORCED	(Specify)	B. GIETOOF BIRTI	905 G	AGE (In years last birthday)	it Under 1 Year Ionths: Day	Hours Min.
	doneduring most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS	OUSTRY	1. BIRTHPLACE (State or forei	gn eountry)		ZEN OF AT COUNTRY
13	. FATHER'S		ite	1	rescribed 1	4. MOTHER MA	AIDEN NAM	Lill		
15 Ye	, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	Y NO.	7. INFORMANT	lui	Sait	ADDRESS	Sec. 01
	18. 42	0.1		CA	AUSE O	F DEATH	7-0-4	Thomas	INTE	RVAL BETWEEN
FICATION	(This does heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN STATING TH	e, .) DUE TO (B)	al	mlit, iisala O dehe	mps mi			
EK	TRIBUTIN	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D	hom	intertial	trot	Int un	home	Come.
AL	19A. DATE C		9B. MAJOR	delines o	intellen		E unter	on Course.	20. YES	AUTOPSY?
FUIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	218. PLA	CE OF INJURY	Y (e.g., in o	21c. WHERE		n Baltimore City,	give exact	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year			OT WHILE	21F. HOW DIE	INJURY C	CCUR?		
	22. I hereb	y certify that I at live on Many 2	tended the	deceased from	h occurr	ed at 5:00 2 m	3 to m	causes and on	that I	last saw th
	23A. SIGNA		wh			ADDRESS	Lower	ind thry	23c. D	ATE SIGNED
2. TI	AA. BURIAL,	Specify) 24B. DATE	7/53			OR CREMATORY	24D. LOC	ATION (City, Town	n, or county	(State)
13	ATE RECEIVE	D BY REGISTRAR	SIGNATU	RE	13	5 FUNERAL DIF	RECTOR /		ADDRE	55

DATE RECEIVED BY LOCAL REGISTRAR

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3051

B. FULL NAME OF US (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOSPITAL SETVICE location) Whyman Pk. Drive & 31st Street Vrs. Mos. Days	Yes at a transfer and the	2. DATE OF DEATH Mar.	ALDICH	JACOB FALD:	1. NAME OF E (Type or Print)				
HOSPITAL OR INSTITUTION HOSPITAL OR HOSPITAL When an Pk. Drive & 31st street Philadelphia D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) SEX S. SEX S. COLOR OR RACE M. W. DOWNED, DIVORCED (Specify) Single D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days Sea Far or John Of Business OR INDUSTRY Fireman 10. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days Sea Far or John Of Business OR INDUSTRY Fireman 10. STREET ADDRESS (If rural, give location) Mos. Days Sea Far or John Of Business OR INDUSTRY Fireman 11. BIRTHPLACE (State or foreign country) Taly 12. CITIZEN OF WHAT COUNTY WHAT COUNTY TALLY 13. FATHER'S NAME Marvin Faldich 14. MOTHER'S MAIDEN NAME Frances ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If years litudes) Mos. Days 16. SOCIAL SECURITY NO. 198-07-1010 To INFORMANT Records- US PHS Hospital, Balto, Md. INTERVAL BETTER INTERVAL BETTER CALISE OF DEATH	If institution: residence before admission)	A. STATE B. COUNTY	louingtitution aim the dis	City, Maryland	A. Baltimore				
Woman Pk. Drive & 31st Street Philadelphia	mits, write RURAL and give		ealth Service location)	US Public Heal	HOSPITAL OR				
C. Length of stay in Baltimore C. Length of Stay in Baltimore	township)	Philadelphia	t Street	Wyman Pk. Drive & 31st Street					
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 7/25/93 9. AGE (In years) 1 linder 1 Year 1 linder 1					5				
M W Single 10A. USUAL OCCUPATION (Givekiod of work doed durlog most of worklog life, eve of fretired) Fireman Seafarer 10B. KIND OF BUSINESS OR INDUSTRY Fireman Seafarer 12. CITIZEN OF WHAT COUNTY USA 13. FATHER'S NAME Marvin Falcich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO SECURITY NO 198-07-1010 Records - US PHS Hospital, Balto, Md.	I. M. Hadas 3 Vars. 1 In Hadas 24 House		? Days						
Fireman Seafarer Industry Fireman Seafarer Industry Italy What cour USA 14. Mother's Maiden Name Marvin Faldich Frances? 15. Was deceased ever in U. S. Armed Forces? (Yes, no or nokoown) No 16. SOCIAL SECURITY NO. 17. Informant Records— US PHS Hospital, Balto, Md. Industry What cour USA What cour USA 14. Mother's Maiden Name Frances? 17. Informant Records— US PHS Hospital, Balto, Md.	If Under 1 Year Months Days Hours Min.	7/25/93 last birthday) M	Single (Specify)	W	М				
Fireman Seafarer USA 13. FATHER'S NAME Marvin Faldich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Records—US PHS Hospital, Balto, Md. 18. // 2 × CAUSE OF DEATH	12. CITIZEN OF WHAT COUNTRY?			CCUPATION (Give kind of stof worklog life, even lf retired)	10A. USUAL OC vork dooe durlog most				
Marvin Faldich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Records— US PHS Hospital, Balto, Md.	USA		seafare r	man se	Firem				
No 198-07-1040 Records- US PHS Hospital, Balto, Md.									
18 1/ 7 V CALISE OF DEATH			of service) SECURITY NO.	SED EVER IN U. S. ARMED FORC (1f yes, give war or dates of serv	(Yes, no or nokoown)				
	INTERVAL BETWEEN	OF DEATH	CAUSE	2 X					
DISEASE OR CONDITION DIRECTLY			DIRECTLY	ASE OR CONDITION DIREC					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchogenic carcinoma right with 10 mos metastases to lymph nodes, kidney			as the disease,	es not mean the mode of dying lure, asthenia, etc. It means the	heart failt				
ANTECEDENT CAUSES			FC						
Pumilent peri carditas Recent	Recent	ent pericarditis	Purul		z				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Recent	osis, etiology undetermined	STATING THE DUE TO Nephr	THE ABOVE CAUSE (A) STATIS	RISE TO UNDERL				
				11					
OTHER SIGNIFICANT CONDITIONS CON-			TIONS CON-		CTHER S				
U TO THE DISEASE OR CONDITION CAUSING IT.					TRIBUTING				
VES X	20 AUTOPSY2	ATION	CAUSING IT.	NG TO THE DEATH, BUT NOT R DISEASE OR CONDITION CAUS	U TO THE E				
	20. AUTOPSY?	RATION	NOT RELATED	NG TO THE DEATH, BUT NOT R DISEASE OR CONDITION CAUS	19A. DATE				
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	YES X NO	n or 21c. WHERE DID (If in Baltimore City,	NOT RELATED CAUSING IT. BB. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I	OF OPERATION 19B. MA	19A. DATE O				
WHILE AT NOT WHILE	YES X NO	n or 21C. WHERE DID (If in Baltimore City, INJURY OCCUR?	PB. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bidg., 1	OF OPERATION DISEASE OR CONDITION CAUS OF OPERATION 198. M/ DENT WAS UNDER- about OR CONTRIBUTING DEATH (Month) (Day) (Year) (Hour	U TO THE E 19A. DATE O 21A. ACCIE LYING□ O CAUSE OF 21D. TIME				
22. I hereby certify that I attended the deceased from Jan. 21 1953 to Mar. 25 19 53that I last sa	YES X NO	n or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	PB. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	OF OPERATION DISEASE OR CONDITION CAUS OF OPERATION 198. M/ DENT WAS UNDER- about OR CONTRIBUTING DEATH (Month) (Day) (Year) (Hour	19A. DATE O				
deceased alive on Mar. 25, 19 53, and that death occurred at 6:55P m., from the causes and on the date stated of	y, give exact location)	n or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1. 21 .1953. to Mar. 25 .19	PENDER RELATED CAUSING IT. DB. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK Ended the deceased from Jan	OF OPERATION OF OPERATION OF OPERATION OF OPERATION	TO THE D 19A. DATE (1) V 19A. ACCIE LYING □ O CAUSE OF 21D. TIME F INJURY				
TO THE THE TOTAL TOTAL STATE OF THE STATE OF	y, give exact location)	n or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1. 21 .1953. to Mar. 25 .19	PENDER RELATED CAUSING IT. DB. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK Ended the deceased from Jan	OF OPERATION OF OPERATION OF OPERATION OF OPERATION 19B. M/ DENT WAS UNDER- OR CONTRIBUTING ON CONTRIBUTING (Month) (Day) (Year) (Hour Y	TO THE E 19A. DATE (V V Z 1A. ACCIE LYING □ O CAUSE OF 21D. TIME FINJURY 22. I hereb				
	y, give exact location)	etc.) 21c. WHERE DID (If in Baltimore City, INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1. 21 1953, to Mar. 25 , 19 1. 21 1959, to mar. 25 , 19	CAUSING IT. B.B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bidg., office	OF OPERATION DISEASE OR CONDITION CAUS OF OPERATION DENT WAS UNDER. OR CONTRIBUTING DEATH (Month) (Day) (Year) (Houry Chy certify that I attended alive on Mar. 25, 19 ATURE (). A. Herri	TO THE E 19A. DATE (19A. DATE (21A. ACCIE LYING O CAUSE OF INJURY 22. I here deceased a				
Gurial 3-30-1953 Holy Redemmer Phila Pa	y, give exact location) 2.53that I last saw the n the date stated above. 2.3c. DATE SIGNED 3/26/53	21c. WHERE DID (If in Baltimore City, INJURY OCCUR?) ED 21f. HOW DID INJURY OCCUR? 1. 21 , 1953, to Mar. 25 , 19 rred at 6:55P m., from the causes and on 13B. ADDRESS IS PHS Hospital, Balto, Md.	NOT RELATED CAUSING IT. B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bidg., of the street of the str	OF OPERATION DENT WAS UNDER. OR CONTRIBUTING DEATH (Month) (Day) (Year) (Houry by certify that I attended alive on Mar. 25, 19 ATURE Hunter Clinical	TO THE E 19A. DATE (19A. DATE (21A. ACCID LYING O CAUSE OF 21D. TIME 1NJURY 22. I heret deceased a 23A. SIGNA				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR When 2 Final Knowski 2007 Early 125.	y, give exact location) 2.53that I last saw the n the date stated above. 2.3c. DATE SIGNED 3/26/53	21c. WHERE DID (If in Baltimore City, INJURY OCCUR?) ED 21f. HOW DID INJURY OCCUR? 1. 21 , 1953, to Mar. 25 , 19 rred at 6:55P m., from the causes and on 13B. ADDRESS IS PHS Hospital, Balto, Md.	NOT RELATED CAUSING IT. B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bidg., of the street of the str	OF OPERATION OF OPERATION OF OPERATION OF OPERATION OR CONTRIBUTING ON CONTRIBUTION O	TO THE D 19A. DATE O 21A. ACCID LYING □ O CAUSE OF 21D. TIME FINJURY 22. I hereb deceased a 23A. SIGNA J.A. BURIAL.				
VS 150	y, give exact location) 2.53that I last saw the the date stated above. 2.3c. DATE SIGNED 3/26/53 wn, or county) (State)	21c. WHERE DID (If in Baltimore City, INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1. 21 1953, to Mar. 25 , 19- red at 5:55P m., from the causes and on 183B. ADDRESS JS PHS Hospital, Balto, Md. RY OR CREMATORY 24D. LOCATION (City, town 25. FUNERAL DIRECTOR	CAUSING IT. BB. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., I about bome, farm, factory, street, office bldg., of the body of th	OF OPERATION OF OPERATION OF OPERATION OF OPERATION	TO THE E 19A. DATE (21A. ACCID LYING O CAUSE OF 21D. TIME 1NJURY 22. I herel deceased a 23A. SIGNA 24A. BURIAL, TION, REMOVAL (DATE RECEIVE				

EEL . F. TEA. . The commence of the state of the comment of the c

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3052
Registered No.

1. NAME OF DECEASED March 24, 1953 W alter Brown (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, 1f institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4940 Eastern Avenue Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1921 Division Street agth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last birthday) Months Days Hours Min. Aug. 25, 1878 Negro Widowed 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Brown (D) Mary Ellen Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. B. C. H. 4940 Eastern Ave. (records INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Burns heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Rypertensive Cardio Vascular Disease RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CATION APPROVED BY .4.8 N. 3.3 3 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING INJURY OCCUR? Baltimere C ity Hespital CAUSE OF DEATH ere C ity Hospital Riv Chronic 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) C lothing set fire while smoking in bed 22. I hereby certify that I attended the deceased from July 14, , 19 42 to Mar. 24, , 19 53 that I last saw the deccased alive on Mar. 24, 19 53, and that death occurred at 4:30 pm., from the causes and on the date stated above. 238. ADDRESS 4940 Eastern Avenue 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24A, BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 68B 7 G 1057 VS 150 Approved by Hed. Exa iner

6153524 REAL AND MICHAEL CONTRACT DA THE WORLD STREET, N. P. LEWIS CO., LANSING, MICH. 214 a second of the last of the la The state of the s AL 1247 A 4 4 that I had the way the way the way the way

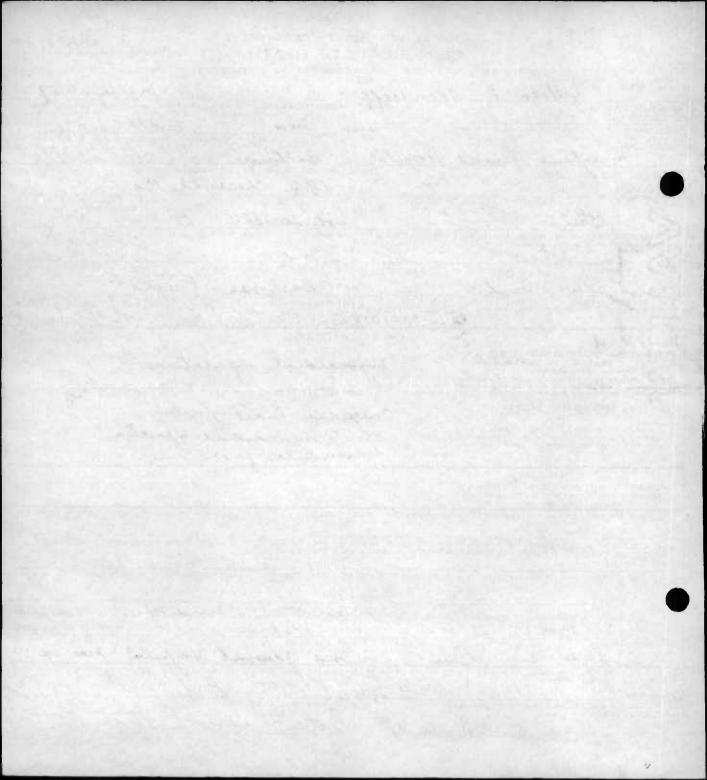
7-452 53 BALTIMORE CITY HEALTH DEPARTMENT Peristers	3053
BIRTH NO. CERTIFICATE OF DEATH Registered	d No
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH	U. 23 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTRIES	. If institution: revidence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. CITY OR TOWN (If outside corporate lies)	mits, write RURAL and give
2829 remington use. Daltimore	-12-0 (c)
c. Migth of stay in Baltimore 45 Mos. Days D. STREET ADDRESS ff-sural, give location)	tone leve.
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Species) 8. DATE OF BIRTH 9. AGE Any years last bipthday)	Months Days Hours Min.
10a. USUAL OCCUPATION (Givekind of working life, even if retired) HOUSTRY HOUSE WORK OF THE PLACE (State or foreign country) INDUSTRY HOUSE WORK OF THE PLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 ANGOMANTIN 18	No.
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17 CORMAN CLASSICS CONTRACTOR OF THE SECURITY NO. 17 CORMAN CLASSICS CONT	ane.
18. 442X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Coronary Declusion	20min.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	andet
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ente la t
OTHER SIGNIFICANT CONDITIONS CON.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cholecythic E lithian	is andet
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	y, give exact location)
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 70, 5, 1953 to 23, 1953, and that death occurred at 25, m., from the causes and or 23, SIGNATURE 23B. ADDRESS	that I last saw the
234 SIGNATURE Phille Will 1038 Edmordon And	23c. DATE SIGNED
244. BURIAL, CREMA- 848. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR	callores Vine
LOCAL REGISTRAR Lington Williams, Mr. 1631 Druid Up	tell ane
14 vs 150 300 0	

0	-	53	3054
		0.01	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X 53 3054

	TH NO			CERTIFICA	TE	OF DEATH	Registered	No.
1.	NAME OF E	DECEASED					2. DATE	
	pe or Print)	Lillian	P.	Orendorf	6			reh 24 53
3.	Baltimore	City, Maryland			11	. USUAL RESIDENCE . STATĘ	(Where deceased lived. I	f institution : residence before admission)
В.	FULL NAME		ai or institut	on, give street addres		ma.	Ball	unose
	STITUTION	/	2	1		CITY OR TOWN	- 20 Pat	its, write RURAL and give
#	1	naryland	Jenera	2 Hospilal	rs. D	STREET ADDRESS	(If rural, give location)	noull_
2	gth of s	stay in Baltimore			os.	184 che	regal Rd	5352
5.	SEX	6. COLOR OR RACE		MARRIED,	8.	OATE OF BIRTH		If Under Year If Under 24 Hours Min.
	F.	While-	- CALLEON	ED TO NO LO COP	5	ept. 20 1889	4 68	
		CCUPATION (Give kind of working life, even if retired		OF BUSINESS OF		. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
E.	ractes	cal Murel				me.		W.A.A.
13	FATHER'S		•		14	MOTHER'S MAIDE	1- 1	
15	Christ	SED EVER IN U. S. ARME	she	16. SOCIAL		Clarrisa	a Knight	
(Yes		(If yes, give war or dat		SECURITY N		INFORMANT	, Rd lator	Cosesse, ma
	10 10			219-30-78		DEATH	ce racey 12	INTERVAL BETWEEN
	18. 42	SE OR CONDITION	DIRECTIV	CAUS	E OF	DEATH	1.	ONSET AND DEATH
		LEADING TO DEA	TH	, (A) m	you	ardial in	faction	
	heart fail	ure, asthenia, etc. It me complication which	ans the diseas	e, /	/	8		
		ANTECEDENT CAU	SES			0	1.1	
Z	0165165			(в) Со	nger	live heart	- failur	
T C	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	E DUE TO d	de-	to my ocara	- failur	a
CA	ONDERL	TING CONDITION E	A31.	(c) 🗸	-au	vilular fo	brillation	
님		11				Ü		
ER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELATE	ED				
Ü		OF OPERATION	-	FINDINGS OF C	PERAT	ION		20. AUTOPSY?
CAL	10111 27112	0						YES NO
DIC		DENT WAS UNDER-		ACE OF INJURY (efarm, factory, street, office)			(If in Baltimore City	, give exact location)
ME	CAUSE OF							
	OF INJURY	(Month) (Day) (Year		21E. INJURY OCC		21F. HOW DID IN.	URY OCCUR?	
			m.	WORK NOT W	ORK L			
								LI, that I last saw the
			4, 19 <u> </u>	and that death o		d at ///S /m., fro	m the causes and on	the date stated above.
	23A. SIGNA	822-01	i d	a ,	230	ud Genera	I Hospital	mar 24'53
2.	A. BURIAL	CREMA 248. DATE		24c. NAME OF CEN	TERY	OR CREMATORY 24	D. LOCATION (City, tow	n, or county) (State)
	BUSICA	el 3/28	153	St John	ne	Memetery	to lleco	the City Mrs
	ATE RECEIV		'S SIGNATI	JRE	2	5. FUNERAL DIRECT	OR A A	ADDRESS
		11-2-4	- ALB	- MAR	16	aston A	ons Kalo	raville ma
1	ARVS 2150	053 Tomerenge	707 7 7500	KARAN & &	C .	1 2 4 4		
11 343	111 201			7	1/0	1		



S-120, 53 3055,

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3055 Registered No.

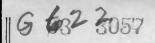
BIF	TH NO.								
1. I (Ty	NAME OF D pe or Print)	ECEASED	Dr	ummon	d 3 a	vage	2. DATE OF DEATH	3/23	5/53
A.]		ity, Maryland	3albo	nul	A. STATE	RESIDENCE (V	Where deceased li B. COUN		ution: residence before admission)
HO	TULL NAME SPITAL OR STITUTION	Univer		, give street address location	c. CITY OR	TOWN OF	outside corpora	te limits, wri	te RURAL and give township)
c.	ength of s	tay in Baltimore		Yrs. Mos Day		ADDRESS (If	rural, give locat	tion)	54
5. \$	EX.	6. COLOR OR RACE	7. SINGLE		8 DATE OF	- /927	9. AGE (In ye last birthd)	ears Under ay) Months	Yeer If Under 24 Hours Days Hours Min.
work	lone during most of	CUPATION (Give kind of f working life, even if retired)	10B. KIND C	OF BUSINESS OR INDUSTR	11. BIRTHP	LACE (State or for	oreign country)	1	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	The state of the s	way	<u> </u>	14. MOTHE	Teleca	ME YO		
	WAS DECEASE no or unknown)	D EVER IN U.S. ARMEC (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORM	m Sava	age - 8	24 W	amer St
ATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	FH dying, e.g., ns the disease, caused death.) SES F ANY, GIVING STATING THE	(A) DUE TO 9	lenn	o Kem	philip		2. 2
CERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED						
CAL	19A. DATE C	F OPERATION 0	9B. MAJOR F	FINDINGS OF OPI	RATION				20. AUTOPSYT
1EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLAC about home, farm	E OF INJURY (e. g m, factory, street, office bld		HERE DID (If in Baltimore	City, give e	exact location)
2	21D. TIME (Month) (Day) (Year)	WH	E. INJURY OCCUR	E	W DID INJUR	Y OCCUR?		
	22. I hereb deceased at 23A. SIGNA			The D	3/2() urrcd at // 23B. ADDRES			d on the do	at I last saw the ate stated above. B. DATE SIGNED 3 7 2
24	A. BURIAL, (S	REMA- 24B. DATE pecify)	33 7	N. Callar	ERY OR CREM	ATORY 24D. L	OCATION (City	y, town, or co	ount) (State)
LO	TE RECEIVE CAL REGIST		S SIGNATUR	E	W. B.	Panal	p-139	W. Hom	alug St-

T-	52	4
-	53	3056
BIRTH NO		

BALTIMORE CITY HEALTH DEPARTMENT

53 3056 Registered No.

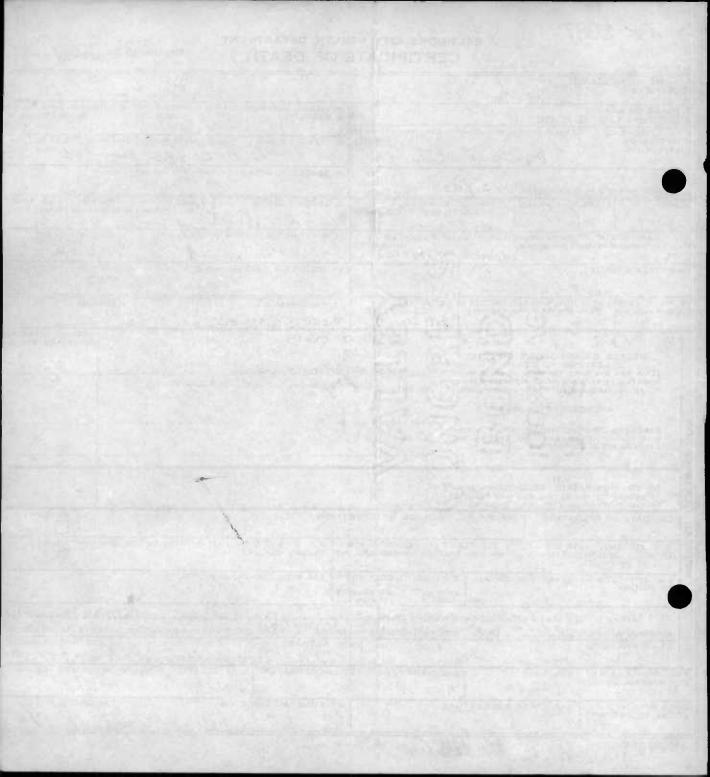
BIRTH NO.			CERTIFICATI	L OI DEAT		
I. NAME OF D (Type or Print)		Tarre	wiizon	A = 1, - 2 - 3 - 1	2. DATE OF 2	- 24 - 53
	City, Maryland	BALTI	NIGRE MD.	4. USUAL RESIDE	DEATH ENCE (Where deceased lived B. COUNTY	. If institution: residence
HOSPITAL OR	OF (If not in hospit	al or institu	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
INSTITUTION	FRANKLIN	500	ARE HOSP.	BALTIMO	RE 2	0-6 4 township)
2			Yrs. Mos.		ALTIMORE 37	
5. SEX	tay in Baltimore	7. SINGL	Days E, MARRIED.	8. DATE OF BIRTH		H Under 1 Year H Under 24 Hours Months Days Hours Min.
F	VV .		VED, DIVORCED (Specify)	12-12-187	16 Jast birthday)	Months Days Hours Min.
10A. USUAL OC work done during most of HOUSE V	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	NEW JEI	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MA		
	NERTY	-				
15. WAS DECEASI (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If you, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	J. M. TOWN	6LEY 3735 JO	ADDRESS PPA ROAD
18. 33	2×		CAUSE	OF DEATH		INTERVAL BETWEEN
(This does	SE OR CONDITION LEADING TO DEAT not mean the mode of	TH of dying, e.	en (A) ler	ebral f	hrombosis	1 year
	re, asthenia, etc. It mea complication which c		se,			
	ANTECEDENT CAUSES				sis geneva	1-00 1100
	S OR CONDITIONS, I		10		313 JEARLUA	nua year
	THE ABOVE CAUSE (A) YING CONDITION LA		(C)	4 6/00 2	pressuo	2 14000
OTHER S	II SIGNIFICANT CONDI	TIONS CO	N •	Tels (Helsau)		
TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED	***************************************		H-11
19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCID	DENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE D		yes No y, give exact location)
LYING OF	R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCU	R7	
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		INJURY OCCUR?	
		m.	WHILE AT WORK AT WORK		7. (1.4.9.6	5/
22. I hereb	22. I hereby certify that I attended the deceased from Mar deceased alive on 27. 24, 195, and that death occurr					that I last saw the
23A. SIGNA	TURE	, 19.		25 ADDDECC		23c. DATE SIGNED
1 di	Vert E./	Lugh	M.D.		1. Malko. 64.	3/26/53.
24A. BURIAL.	CREMA- 24B. DATE Specify) 3-27-	53	CEDAR HIL		BALTIMO	
DATE RECEIVE	D BY REGISTRAR				ECTOR Q	ADDRESS / CA
LOCAL REGIST	RAR Hanting	ghow V	AMARIAN MODE	1- 000	Mr mc. 1217	ST. Vanel OF.
V\$ 150	1335	,		7		



BALTIMORE CITY HEALTH DEPARTMENT

X	FO	
Regist	tered No	3057

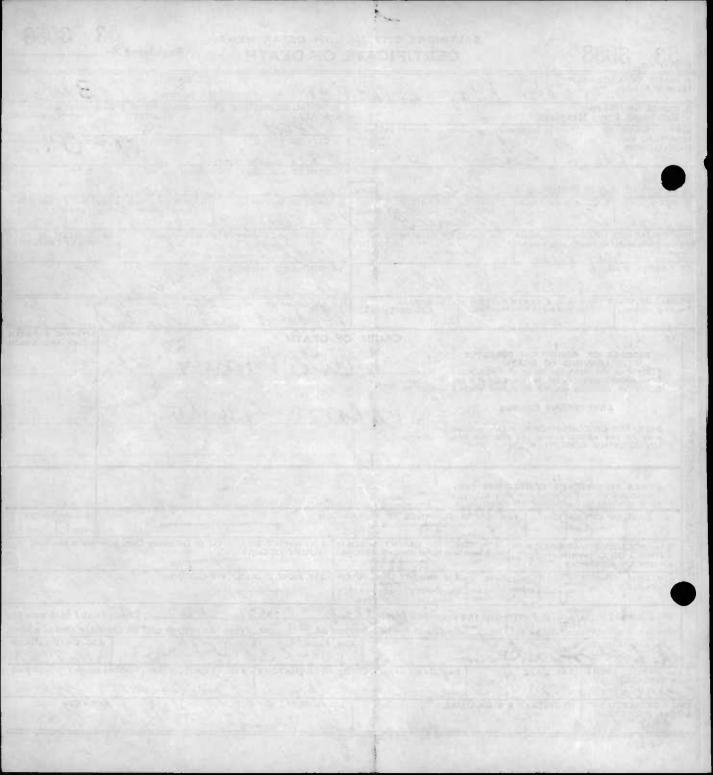
CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED Gustor Gros	zer		2. DATE OF DEATH 3-2	15-1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland	0	4. USUAL RESIDENCE (W	B. COUNTY	institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, giv	e street address or location)	c. CITY OR TOWN (II	outside corporate limit	s, write RURAL and give			
INSTITUTION ST. Lguls Hoshi	tal			7 146 township)			
c. Sugth of stay in Baltimore 45 VRS.	Yrs. Mos.	D. STREET ADDRESS (If 1	rural, give location)	4200			
5. SEX 6. COLOR OF RACE 7. SINGLE, MAR	Days PRIED VORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	William Vear If Under 24 Hours Inths; Days Hours Min.			
mall while marrie	ed	1-22-1889	64	nthis Days Hours Min.			
IOA. USUAL OCCUPATION (GivekInd of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?			
MELH GENERAL MA	70 25.	CZECHOSLOVAK		U.S.A.			
augele							
	SOCIAL SECURITY,NO.	17. INFORMANT	A	DDRESS			
	7-26-1078	MAZYE, GROSZER	ELKRIDGE!	146 JINTERVAL BETWEEN			
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CDNTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A)	phomatosis Lybins dis					
19a. DATE OF OPERATION 198. MAJOR FIND	INGS OF OPERA	ATION		20. AUTOPSY7			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, fact CAUSE OF DEATH	FINJURY (e. g., Intory, street, office bldg., et		f in Baltimore City,	give exact location)			
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 1F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK MORK							
22. I hereby certify that I attended the decea	22. I hereby certify that I attended the deceased from 3-15- , 1953 to 3-25 , 1953 that I last saw the						
deceased alive on 3-25, 1953, and that death occurred at 3:43 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M. D. Tt. Agnes Hospital 3-25-33							
24A. BURIAL, CREMA- 24BOATE 24C. N			OCATION (City, town	or county) (State)			
134RIAL 3/28/33 NT.	Zion.	DOR	sey)	ND.			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	13 = 9 Vale	hun & Rd.			
Miss 188 1953 Huntington William	uses Hope (55083		7			



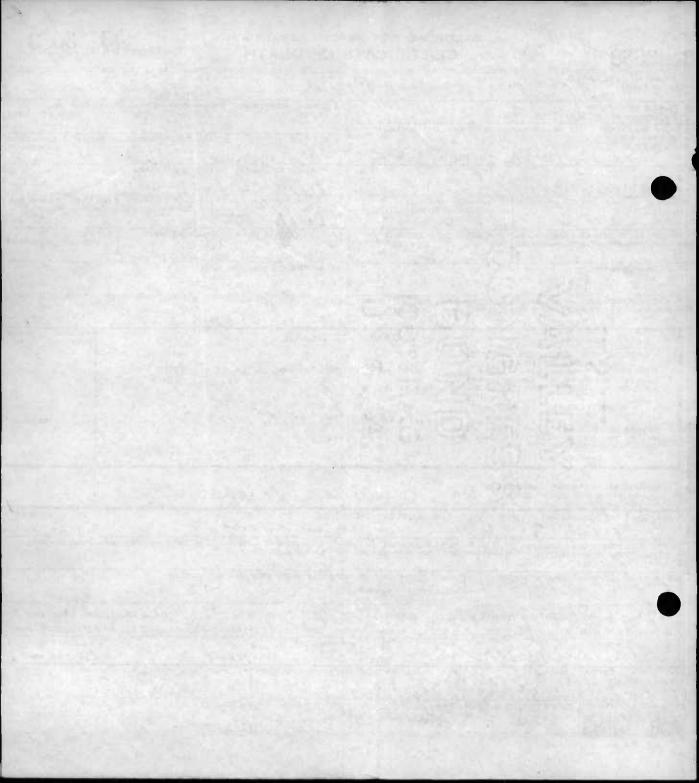
VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liver. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corpore limits, write RULAI and give C. CITY OR TOWN wnship) b. STREET ADDRESS (If rural, give location) Yrs. Mas ach c. Length of stay in Baltimore Dave 6 GOLOR OR RACE 7. SINGLE, MARRIED. (Specify) 9. AGE (In years If Under 1 Year If Under 24 Hours last oirthday) Months Days Hours Min. ranica 10 M. USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired) OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10B. KIND 12. CITIZEN OF INDUSTRY WHAT COUNTRY? tausewif 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no of unknown) (If yes, give war or dates of service) 16. SO TAL DDDDDSS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 2 19 that I last saw the deceased alive on_ 19 53 and that death odcurred at _m., from the causes and on the date stated above. 23C DATE SIGNED 221. SIGNATURE 2449 BURIAL, CREMA-THON, REMOVAL (Specify) 240 NAME OF SEMETERY 24B, DATE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



3 Selhardt BALTIMORE CITY HE	* ~
BIRTHINGS	E OF DEATH
(Type or Print) JACOB GEP1	TART 2. DATE OF DEATH 26 Much's 3
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	med baltemere
HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give townshlp)
dina / tags. of wall', one	Callmort Ma Guerlea
th of stay in Baltimore 28 Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years N Under 1 Year N Under 24 Hours
WIDOWED, DIVORCED (Specify)	(9ct //894 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B) KIND OF BUSINESS OR rock done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Carpenter	Fort Worth Desas
13. FATHER'S NAME / / Curst	14. MOTHER'S MAIDEN NAME
Jacob Sephart	Emma -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or naknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 7919
2/2-12-6409	Caroline Lephant 359 St.
18. 581.0 and 260x CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	onse, and serving
(This does not mean the mode of dying, e.g., (A)	ding esphogeal various
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	10
7 ANTECEDENT CAUSES	hours of River
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED	pes mellikus
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
	year various - YES INO [
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY 6. g., it about home, farm, fectory, street, office bidg.,	
LAUSE OF DEATH	to.) INJURY OCCUR?
2 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	
22. I hereby certify that I attended the deceased from 3	24/53, 19, to 3/26/3319, that I last saw the
deceased alive on 3/26/13, 19 and that death occur	rred at 225 Am., from the causes and on the date stated above.
	3B. ADDRESS / 23C. DATE SIGNED
Morace W. Worn Pon M. D.	mai Hogo of Date 26 March is
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF SEMETE	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
(Buriel 3/28/23 Carpino	od Dallmore
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS 2024
MAR 261 Tunturyton Milialut, My	Thilip Herry Jone Orleans
VS 150	The distriction of
5/0	24



AB-	159817
	7.50
	20000

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE OF March 24-1953 (Type or Print) Lelar Jackson Lelia) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN Baltimore 4940 Eastern Ave. Yrs. p. STREET ADDRESS (If rural, give location) Mos. 1903 W. Mulberry St. zone 23 23yrs th of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under I Year | H Under 24 Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH Sept. 12-1898 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Manuel (Manus) Rabb Nancy Herman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORM Daltinore Lity Hospitals SECURITY NO. 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH 2min. (A) Coronary Occlusion (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cerebral Vascular Accident 4mo. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 6816052 Lte Lumber Garatton teration to Metatarsal Amputation 20. AUTOPSY MEDICAL 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 6-5-. 19.53 that I last saw the 19 53, and that death occurred at 5.304 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 4940 Eastern Ave. Baltimore Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OF CREMATORY Baltimore Md. Mt. Auburn Cometry 916 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

untruston

Latina reproblem of 500) . P. STREET, S. Service of the servic

BINDING

RESERVED

MARGIN

V S 151

before admission)

See directive from Chief Medical Ruminer in Document File

23-0 - 200

Superior of market

l		1650
	23	73062
ì	20	COUC

BALTIMORE CITY HEALTH DEPARTMENT 53 3062

BIRTH NO.	J. Find		CERTIFICATI	E OF DEATH	Registered	No. Croose		
1. NAME OF					2. DATE			
(Type or Print) JOHN BERNARD MULLIN						CH 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived B. COUNTY	If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)				MARYLAND	(S	01		
INSTITUTION	VA HOS			BALTIMORE (1	it outside comporato lie	nits, write RUKAL and give township)		
1	BALTIM	ORE 18,	Yrs.	D. STREET ADDRESS (I	f rural, give location)			
c. ngth of	stay in Baltimore	66 YE	ARS Mos.	16 SOUTH BENE	KERT AVENUE			
5. SEX	6. COLOR OR RACE		E. MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under 1 Year it Under 24 it last birthday) Months! Days Hours: M				
MALE	WHITE	MARE	LED (specific	11/11/1886	66	Touris Days Hours Min.		
10A. USUAL Of	CCUPATION (Give kind of t of working life, even I fretired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
CANDY MAK	ŒR	CANDY	MAKING	BALTIMORE, MAI		U.S.A.		
13. FATHER'S				14. MOTHER'S MAIDEN				
	TRICK MULLIN	FORGEGA	1 10 00011	ANNA J. McKEN	NNA			
Yes, oo or uoknown YES	(If yes, give war or dete	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	8/8/18 - 6/2	24/19	218-09-8148	VA HOSPITAL REC	ORDS VAH,	BALTO. 18 MD.		
18. /62	SE OR CONDITION	DIDECTIV		OF DEATH erentiated CARCI	NOMA RIGHT	ONSET AND DEATH		
	LEADING TO DEAT	rH		WITH GENERALIZED		UNKNOWN		
heart fail	lure, asthenia, etc. It mea r complication which c	ns the diseas	e,					
,,,,,,			., 502 10					
z	ANTECEDENT CAUS	ES	(B)					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
	YING CONDITION LA		(C)		***************************************			
	SIGNIFICANT CONDI							
	IG TO THE DEATH, BUT DISEASE OR CONDITION							
	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
21A ACCII	DENT WAS UNDER-	1 21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,	give exact location)		
LYING CAUSE OF	OR CONTRIBUTING		erm, fectory, street, office bldg., e	to.) INJURY OCCUR?				
OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUF	RY OCCUR?			
22 I here	by certify that att	m.		1/28 , 19 53 to	3/21/ 19	53 2000000000000000000000000000000000000		
				red at 11:30pn., from				
23A. SIGNA	ATURE COME	net (u berg 2	3B. ADDRESS		23c. DATE SIGNED		
	DOREN			VAH, BALTIMORE 18		3/24/53		
TION BENOVAL ((Specify)	53	Baltimol	Tall 2	Beets	m, or county) (State)		
DATE RECEIVE	TRAR_	ssignatu	RE William C	25. FUNERAL DIRECTOR	Wift 600	a farforde		
VS 150	Director , June 11	1	Property (II)	Thursday 5 110	1	117		
13 130			6904	5				

5 2 5 53 3063 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3063

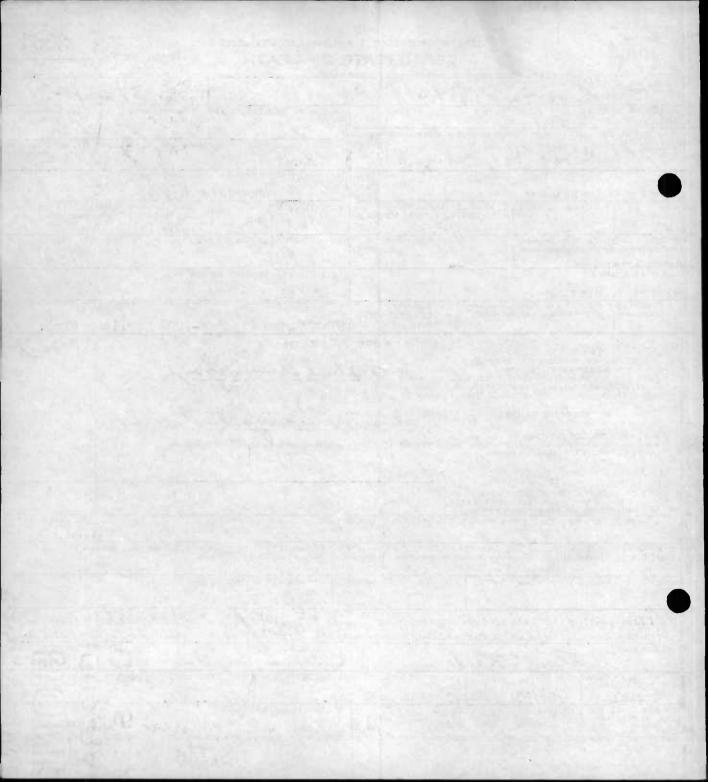
1. NAME OF DECEASED (Type or Print) Louise Winston	2. DATE OF DEATH 3 - 24-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE county before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
INSTITUTION Mercy Hospital	Baltimore township)
Yo Yrs. Mos.	F22 1/1 1
c. Migth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	18 DATE OF BIRTH 19 AGE (In years) Billinder Veer 1 Billinder 24 Hours
F WIDOWED, DIVORCED (Specify	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give klodof or total of the control of the	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House whe	Manyland U-S.
11 0	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. MFORMANT ADDRESS ADDRESS
(11 yes, give war or dates of service) SECURITY NO.	Emmet Winston 529 Kerbedas
18. 442 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	tousius Cardis-Vandar Renal Diene 2400
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Flore Contains comment Vertical Difference College
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPE	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.	io or 21C. WHERE DID (If in Baltimore City, give exact location)
_ ender or partiti	,,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY NOT WHILE	
m. WORK L. AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 3-24, 19-3, and that death occur	1953, to 3-24, 1953, that I last saw the urred at 5:00 m., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION REMOVAL (Speaffy)	Para color of 240. Control (city, town, or country) (state)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 26 West Turtington Williams Mis	Mrs Coop q. Elleston Dyl
Vs 150	1/29n On Asio 5+
	110111. Cacion 4.

1	2 7
6	4.
3	3064
C	CIOCA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3064

BI	BIRTH NO.							
1. NAME OF DECEASED (Type or Print) H. Roberta Preston						2. DATE OF DEATH	126/53	
A. B.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location					B. COUNTY	before admission)	
	HOSPITAL OR INSTITUTION Lutheran Hospital				Balto.		its, write RURAL and give township)	
c.		ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give Meation) 2200 Garrison Blvd			
	F	6. COLOR OR RACE	WIDOW	E, MARRIED, PED, DIVORCED (Specify)	4/28/80	72		
Ne	doneduring most of	CUPATION (Give kind of working life, even if retired)	10a. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S N	AME			14. MOTHER'S MAIDEN N.	AME		
I	Edward D.	Preston			Rachel Dunn			
15 Yes	. WAS DECEASE	D EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
1	10			none	Miss Susan Prest	on-2208 Garr	rison Blvd.	
FICATION	OSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, sathenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Cerebul Bemorrhage (A) DUE TO Wassulla disease ONSET AND DEATH (A) Curebul Bemorrhage (B) DUE TO Wassulla disease							
ERT	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED				
AL				FINDINGS OF OPER	RATION		20. AUTOPSY?	
1EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bidg.,	in or 21c. WHERE DID (1 etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)	
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK						Y OCCUR?		
	22. I hereby deceased all 23A, SIGNAT		-	and that death occu	3/22, 1953, to rred at 4:30 m., from t		that I last saw the the date stated above.	
	23A. SIGNA	sallin I	Zel	ler M. D.	Lutheran Hose	etel	3/26/53	
TIC	Burial Burial ATE RECEIVED	3/28/53		Loudon Park (Md.	n, or county) (State)	
	MAR 26	24.5	igton !	Villiams, M.	Mm. J. Vic	Reper Y	Xms	
	VS 150				1 13	110 17	Ilna.	



17	36
For	3065
3	2000

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3065

B	IRTH NO.			CERTIFICATI	E OF DEAT	H ,	Registered N	10
_	NAME OF D	ECEASED	JOHN	H. POSTHER			\F	c. 24, 1953
Α.	PLACE OF D Baltimore (City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDE A. STATE Md.	ENCE (Where dec		institution: residence before admission)
H	OSPITAL OR ISTITUTION	728 E. 36		location)	c. CITY OR TOWN		cor/orate li hit	, write RURAL and give township)
0	egth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	SS (If rural, gi	ve location)	
	sex male	6.COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)	728 E. 36 8. DATE OF BIRTH July 10, 18	last	E (In years Mo	f Under 1 Year If Under 24 Hours on the Days Hours Min.
l C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (S		untry)	12. CITIZEN OF WHAT COUNTRY
13	enry Pos	IAME			14. MOTHER'S MA Unknown	IDEN NAME		
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mr. John	R. Posther	-728 E.	36th St.
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e. g. ns the disease aused death. ES F ANY, GIVING STATING THE ST. TIONS CON	DUE TO	· Partale,			onset and death 2 3 48 2 3 2
O	TO THE D	TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION	CAUSING IT		ATION			20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., ir rm,factory,street,office bldg.,e			ltimore City, g	give exact location)
Σ		(Month) (Day) (Year)	w	HILE AT NOT WHILE	21F. HOW DID	INJURY OCCU	R7	
	deceased al		ended the $\frac{19}{19}$	end that death occur		3, to 3/29, from the caus	ses and on the	3, that I last saw the
2	4A. BURIAL,	to Zu	1 the	M. D. 4c. NAME of CEMETE	3B. ADDRESS	Paul B	ON (City town	23c, DATE SIGNED 25/3'3 of county) (State)
TI	ON, REMOVAL (S Bur	lal 3/27/53		Western Cem.	29. FUNERAL DIR	Baltimo	ore, Md.	
	MAR 26	RAR Juntan		illiams, M.J.	Um. 1.	Tickne	1 VXA	N
	VC 1EO				1/	1./		nn 1

A2 12C

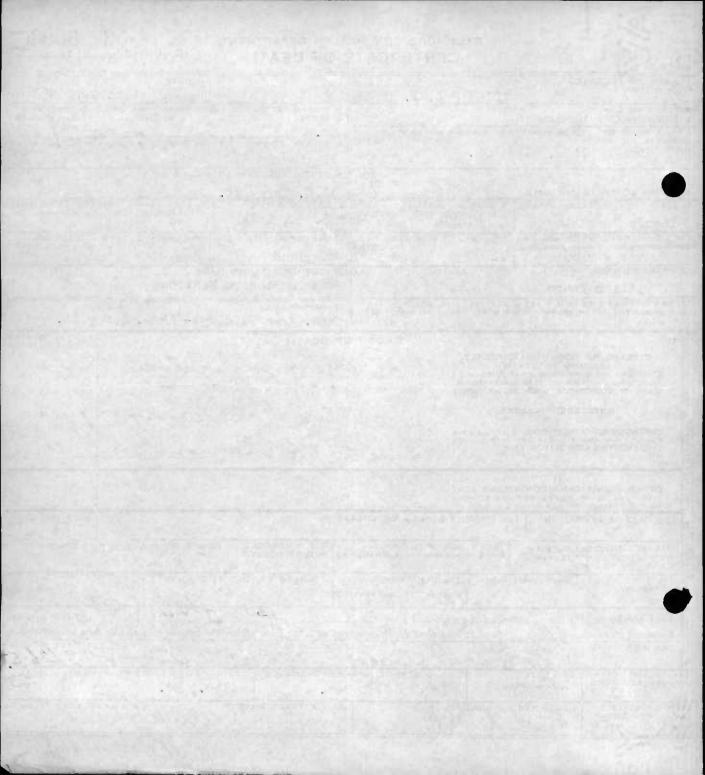
Batto 17, Mrd.

2	00
53 BIRTH	3066

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No.—

	NAME OF D	ECEAS	ED	ESTEL	LE A. S. YOUSE		2. DATE OF DEATH	Mar. 24. 195	3
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE A. STATE			
H	FULL NAME OSPITAL OR ISTITUTION		(If not in hosp		ation, give street address or location)	Baltimore	If outside co por its	to	and give wnship)
C.	ength of s	tay in	Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (n)	
5.	female		or or rac	WIDQ	E. MARRIED. WED. DIVORCED (Specify)	B. DATE OF BIRTH Feb. 21, 1874	9. AGE (In year last birthday	rs If Under 1 Year Hours Months Days Hours	24 Hours s Min.
1C	A. USUAL OC done during most	of working	life, even if retire	of 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland		12. CITIZEN OF WHAT COL	F JNTRY?
13	FATHER'S		.04	1		14. MOTHER'S MAIDEN	NAME		
	Willi					Fannie Stanton			
Ye (Ye	MAS DECEASI	D EVER	IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Sara Faid	loss - ll N	ADDRESS	
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR LEAD not mere, astheorem of the compliant of the complex of	CONDITION ING TO DE ean the mode enia, etc. It m cation which CEDENT CAU ONDITIONS, IVE CAUSE (A CONDITION) II CANT CONI	ATH of dying, e. caused dear USES IF ANY, GIV) STATING	(B) (C)	emery Inf retrieb Le elyperten	lerse	onset and Ida	оеатн У
U	19A. DATE C		RATION		R FINDINGS OF OPER	ATION		20. AUTOI	PSY?
MEDICAL		DEATH		about home	_ACE OF INJURY (e. g., ie, farm, factory, street, office bldg.,	ED 21F, HOW DID INJU		YES Lity, give exact location	no L
m. WORK AT WORK 22. I hereby certify that I attended the deceased from 3/1-, 19-3, to 3/24, 19, that I last saw the								aw the	
	deceased a	live on	- 1	195	and that death occur	eged at 33 pm., from 38. ADDRESS	-/-/	on the date stated	above.
Z. TI	4A. BURIAL. (S ON. REMOVAL (S Buria	pecify)	2/27/5	3	Loudon Park		to., Md.	town, or county) (State)
	ATE RECEIVE CAL REGIST IAR 261		4-1	r's SIGNAT	Welliams, MJ	25. FUNERAL DIRECTOR	clever'	ADDRESS	
	VS 150			()			(katto	17, mad	



ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 3-24-53 (Type or Print) Edward V. Faust 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1733 Hope Street B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1733 Hope Street INSTITUTION Baltimore.City Yrs. D. STREET ADDRESS (If rural, give location) 1733 Hone Street 80 Yrs. Days th of stay in Baltimore 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year last highday) Months Days WIDOWED, DIVORCED (Specify) Hours Min. Aug. 20th. . 1867 Mele Single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired WHAT COUNTRY? Pennsylvania U.S.A. Lather Residence Construct 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Lee Anthony Faust 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknowu) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr.George M. Hargest-1801 E. 28th. street No None 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY oway Thrombois LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE WORK 23 Much 1913, to My Much, 1913, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 23 mad, 1952, and that death occurred at 11:01 m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or county) 248. DATE 3-27-53 St Marys Cemetery Roland ave . Balto: Md.

25. FUNERAL DIRECTOR

George J.Ruth, Inc .- 1735 Harford Avenue

Burial DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Flanty Caldia The cold of the AND THE RESERVE OF THE PARTY OF . Never featen. COMPANY OF THE PROPERTY OF THE

Par /m	340						
5 BI	3 3068 RTH NO. 52	-156		TIMORE CITY HE	EALTH DEPARTMENT	Registere	3068
	NAME OF DECEASE	BRA	ANN	O' DELL		2. DATE OF DEATH 3	/25/53
3.	PLACE OF DEATH: Baltimore City, M		7,174,14		4. USUAL RESIDENCE		
В.			al or instituti	on, give street address or location)	Maryland		mits, write RURAL and give
IN	STITUTION L	Nemoria	el Hos	getal	Balkmore	14	-0 / township)
4	ngth of stay in	Baltimore ,	Life - &	Mos.	- 0	Free f #1	
5.		OR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH July 14, 1952	9. AGE (In years last birthday)	Months Days Hours Min.
	A USUAL OCCUPATI done during most of working			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			none	14. MOTHER'S MAIDEN		1037
	Kerth J.	0.00	el		Ruth Hu	bbs	
15 (Yes	, was DECEASED EVER	IN U. S. ARME	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Father Keith J. O' Doll	_ /	ADDRESS
CAL CERTIFICATION	(This does not me heart fallure, asthe injury or complic ANTEC DISEASES OR CORISE TO THE ABOUNDERLYING CONTROL TRIBUTING TO THE DISEASE 19A. DATE OF OPER	ANG TO DEA an the mode enia, etc. It mer entian which EEDENT CAU ONDITIONS, VE CAUSE (A) ONDITION L II CANT COND E DEATH, BUT OR CONDITION RATION	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN STATING TH AST. ITTIONS COM NOT RELATE CAUSING I	(B) (C) (C) FINDINGS OF OPER	RATION	Vilater	20. AUTOPSY2 YES NO
MEDICAL	21A. ACCIDENT, SU HOMICIDE (Spec	ify)	about home, f	ACE OF INJURY (e. g., if arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		ty, give exact location)
	OF INJURY		m.	WHILE AT NOT WHILE AT WORK		AT COCON	
h	22. I hereby certi	fy that I at	tended the	deceased from	3/25, 1953, to rred at 2 450 m., from 238. ADDRESS		953, that I last saw the
	deceased alive on	3/25	_, 19_53,	and that death occur	rred at Z pm., from	the causes and o	n the date stated above.
	1 D Hub	bard		M. D.	loion Memor	al Hosp.	Mar 25, 1953
TI	BURIAL, CREMA- ON TREMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR	248. DATE MAU 2 REGISTRAP	7/53	24c, NAME OF CEMETE THAY JRE White was Mic	25. FUNTAL DIRECTOR	00.	AND AVENUE
	VS 150		- J	W. 400			

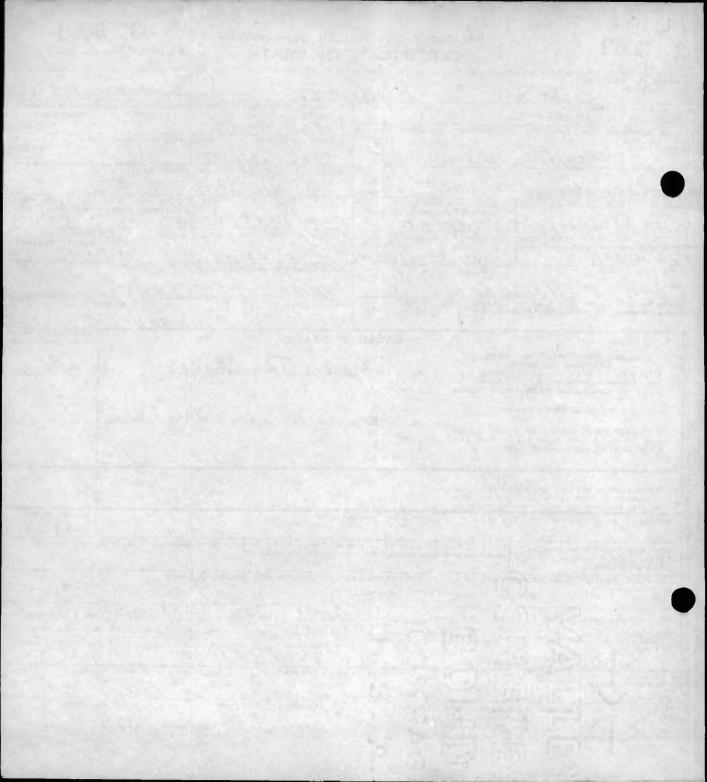
AND THE PROPERTY OF THE PARTY O

.] (03
53	3069
0 0	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3069 Registered No.

9	West and the second sec		CE	ERIFICAL	E OF DEATH	iteg.seetee	
	RTH NO.					2. DATE	
1. (T:	NAME OF DE	JOH	IN R	. HUB	BARD.	OF DEATH MA	PRCH 25, 1953
	PLACE OF DE Baltimore Ci				4. USUAL RESIDENC	E (Where deceased lived, B. COUNTY	If institution: residence before admission)
в.	FULL NAME O	OF (If not in hospit	tal or institution,	give street address of location	C. CITY OR JOWN	(If outside corporate lin	nits, write RURAL and give
IN	STITUTION	38 WEL	LINGTO	N ST	BALTIM	ORE 1.	3 - 0 6 township)
0			AE TESTAN	Yrs.	D. STREET ADDRESS	(If rural, give location)	ST.
c.	The same of the sa	ay in Baltimore 6.COLOR OR RACE	LIFE	ARRIED.	8. DATE OF BIRTH	JAGE (In years	If Under 1 Year If Under 24 Hours
٨	DRIF	WHITE	MARE	DIVORCED (Specify	FEB 19.18	CO A / Part	Months Days Hours Min.
		UPATION (Give kind of working life, even if retired	I JOB. KIND OF	F BUSINESS OR	II. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
F	LUMB.	ER	LLOYD E	E. MITCHE	MARYLA		1 U.S.
13	. FATHER'S N.	10 11		Corp.	14. MOTHER'S MAIDE		
15	WAS DECEASE	D EVER IN U. S. ARME	D FORCES? 16	6. SOCIAL	17. INFORMANT	ET TRACE	ADDRESS ST.
(Ya	i, no or unknown)	(If you, give war or dat	es of service)	SECURITY NO.	MAUD E.	HUBBARD	-838 WELLING
	18. 426	. /		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION		Co	Loracy Thron	hicis	2 dos
	heart failur	not mean the mode re, asthenia, etc. It me complication which	ans the disease,				
		ANTECEDENT CAU		DUE 10	lon resculs		. 7
NO				(в)С	don tesculo	y astolenda	Long.
-	RISE TO TH	OR CONDITIONS, HE ABOVE CAUSE (A TING CONDITION L	STATING THE	DUE TO			
ICA				(C)			***************************************
TIF	OTHER S	II IGNIFICANT COND	DITIONS CON-		46		
CERT	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
				INDINGS OF OPE	RATION		20. AUTOPSY?
X					in or 21c. WHERE DID	(If in Paltimore Cit	y, give exact location)
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	- Land hame form	E OF INJURY (e. g., a, factory, street, office bldg		(II in Battimore Cit	y, give exact location,
Σ		Month) (Day) (Yea:	r) (Hour) 216	E. INJURY OCCUR	RED 21F. HOW DID IN	JURY OCCUR?	
	SI MOOKI			ORK NOT WHIL		3 45	6
	The second second second	y certify that I a	ttended the de	ceased from	2-/,1932		that I last saw th
	deceased al	ive on 3-24	, 19 5 _3. an	d that death occi	ADDRESS		n the date stated above
	/las	Can solly	man	M. D.	8466.50	67354.	3-26-53
2 Tl	4A. BURIAL. CON. DEMOVAL (S	Pecify)	00/00/24	C. NAME OF CEMET	ERY OR CREMATORY 2	4D. LOCATION (City, to	own, or county) (State)
40	ATE RECEIVE	D BY REGISTRAL	R'S SIGNATURE	Liscion	25. FUNERAL DIREC	TOP	ADDRESS
	OCAL REGIST	RAR	ington M	Hioung Mo	Tresterio 8.1	Jonman 1	3818 Moland
	IDR / I	Ent of a latin Prair	200	GENERAL STREET		0,000	
===	VS 150		0	WARRIAN - INC	Carlo Garage		live.
	VS 150		Ö	57	424	7072000	There.



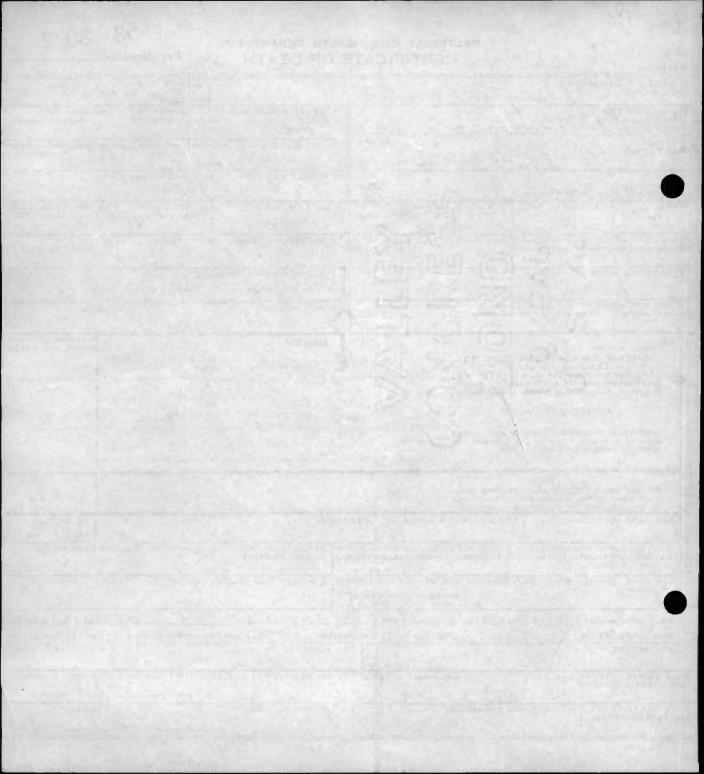
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH MA 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. c. bength of stay in Baltimore If Under I Year Days 7. SINGLE, MARRIED, WIDDWED, DIVORCED (Specify) 6. COLOR OR RACE AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF work done during most of working life, even if retired) INDUSTR 15. WAS DECEASED EVER IN U.S. AR ED FORCES: Yes, no or unkno (If yes, give war of dates of service) 16. SOCIAL ADDRESS SECURITY NO. HOSPITAL JOHNS HOPKINS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY AT WORK WORK . 1953, to 3-23 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from 2-22 3-23, 1953, and that death occurred at 1025 Pm., from the eauses and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATUR JOHNS HOPKINS HOSPITAL 3-21-03 24A. BURIAL, CREMA-TION EMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240-LOCATION (City, town, or count) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
I. NAME OF DECEASED			2. DATE
(Type or Print) Elsie Mar	ie Llovd		OF DEATH 3/24/53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	re deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR	tal or institution, give street address o location		tside corporate limits, write RURAL and give
430 S. Smallw	ood St.	Baltimore	2 0 - 0 township)
	Yrs.	D. STREET ADDRESS (If run	ral, give location)
c. hgth of stay in Baltimore	Mos. Days	430 S. Small	wood St.
5. SEX 6. COLOR OF RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	1/20/05	AGE (In years If Under 1 Year I Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) HOUSEWITE		Baltimore, Mc	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E
George Herman He	ffter	Elizabeth Gr	riffen
15. WAS DECEASED EVER IN U.S. ARME Yes, no or nnknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mr. Herman Heff	ter 521 S. Bentalou
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the condition which of the condition which of the condition which of the condition of the c	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING OSTATING THE AST. OCTIONS CONNOT RELATED	moussy Ordens Linsixy Cordiville Irel Embelesin	Welses
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	I 20. AUTOPSY?
V			YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If i	n Baltimore City, give exact location)
2 ID. TIME (Month) (Day) (Year OF INJURY	m. WHILE AT NOT WHILE m. WORK AT WORK		OCCUR?
22. I hereby certify that I at	tended the deceased from	7 20 1952 to Mes	1 24, 1913, that I last saw the
deccased alive on 3/24/	, 1952, and that death occu	erred at b Pm., from the	causes and on the date stated above.
lastist Chil	tails	2151-Wilkers a	WA 3 26 / 13
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOC	ATION (City, town, or county) (State)
	53 Loudon Par	k Fre	derick Ave.
	'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
14/12 7/11/11 8 Junting	ton Miliaus Myst.	JOHN F. DENNY,	INC. 715 Light St.
VS 150			-30

Mortant C netoch 2151 Williams ave:

-	600	- 11	Eo			
E		E OF DEATH	Registered No.	3072		
1.	NAME OF DECEASED Jaley Guil dowers		2. DATE 3/2 2/	153		
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF / (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (W		itution: residence before admission)		
H	DISPITAL OR MERCY HOSPIFACE. location)		outside corporate limits, w	rite RURAL and give		
c.	Yrs. Mos. Days	D. STREET ADDRESS (If r	rural, give location)			
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 3/20/53	9. AGE (In years last birthday) Month	r l Year If Under 24 Hours B Days Hours Min.		
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?		
13	Arres Lovery	14. MOTHER'S MAIDEN NA	In as ant			
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 8, no or unhuown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS		
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of BEATH Numahuri + i ac - rup.	Larlin .	INTERVAL BETWEEN ONSET AND DEATH		
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
EDICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			YES NO NO		
MEDIC						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?			
	22. I hereby certify that I attended the deceased from deceased alice on 2/2 2, 19.52, and that death occur	1/20, 19 C3 to	ie causes and on the	hat I last saw the late stated above. 3c. DATE SIGNED		
2. T/	4A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETE ON, REMOVAL (Specify) 3/27/32 LACRES	LEAN DE	mand b	county) (State)		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Inno 131	Shight		
	VS 150	() ()				



53 30/3 BIRTH NO.

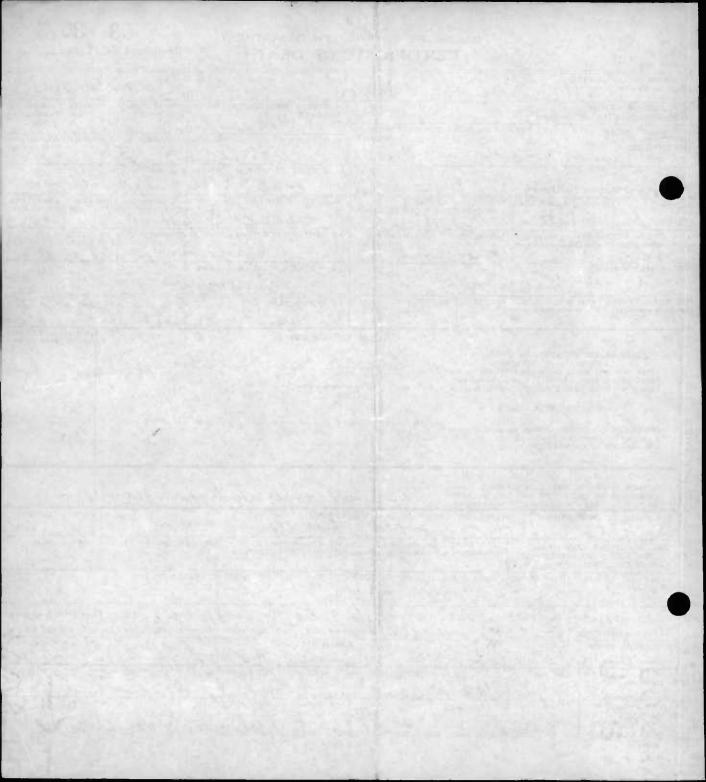
LAZERNICK

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3073

Registered No.__

	pe or Print)	ETHEL	LA	ZERIVICI		OF 26	much !	53
	PLACE OF DE				4. USUAL RESIDENCE (V		institution : resid- before adr	ence mission)
			al or instituti	on, give street address or	Mary	hand		
	SPITAL OR STITUTION	inai House	M. 6	alle anc	c. CITY OR TOWN	outside corporate limi		and give wnship)
1	129-	0	<u> </u>	Yrs.	D. STREET ADDRESS (IE	rural, give location)		
c	gth of st	ay in Baltimore	37	years Mos.	5430 2	yn View	eur	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	M Under 1 Year It Under onths: Days Hour	er 24 Hours
F	emale	white	u	Lidour	1888	64		
		CUPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	1	12. CITIZEN O	UNTRY
12	FATHER'S N	Mile	000	~ Home	14. MOTHER'S MAIDEN N	AME	U.S. 0	0.
13	1 /)	AME LINE	, ,		01 1	W.		
15	WAS DECEASE	D EVER IN U. S. ARMED	TODGEGG	16. SOCIAL	00.00			70
(You	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	. 1	DDRESS 54	.30
-	1 -			CALLET	OF DEATH	erned /	INTERVAL B	ETWEEN
	0 1	10 1	DIDECKIN	CAUSE	OF DEATH		ONSET AND	DEATH
		E OR CONDITION LEADING TO DEAT	ГН	Chron	ic pephic	alon of		
	heart failur	not mean the mode ore, asthenia, etc. It mea complication which o	ns the discas	е,	unum	6		
		ANTECEDENT CAUS						
z				(B)		***************************************		
NO.		OR CONDITIONS, IN						
<u> </u>	UNDERLY	ING CONDITION LA	ST:	(C)		***************************************		
띮								
F		[] IGNIFICANT CONDI		. , , .	1.	, \	/	
핑	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	- arterio	scluro hic (and	covuscular.	disease	
_		F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	ation of set	unum	20. AUTO	57
V	3/19/	1)	chon	CE OF INJURY (e. g.,	000	If in Baltimore City,	yes	NO C
1EDI		ENT WAS UNDER- R CONTRIBUTING DEATH		farm, factory, street, office bldg.		ir in Datamore ordy,		
-	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		Y OCCUR?		
	OI INSURT		m.	WHILE AT NOT WHILE				
	22. I hereby	y certify that I at	tended the	deceased from //	28/5 , 19_, to 3	26/53 19	_, that I last	saw the
	deceased, al	ive on 3/26/5	3, 19	and that death occu	rred al2 " Pm., from	the causes and on	the date stated	l above.
	236 SIGNAT	TURE ZUCCO (W. G	Zun	n Kerm. D.	Ina Max	of Bult.	3/26/S	IGNED
24	A. BURIAL, C	REMA- 24B. DATE	,	24C. NAME OF CEMETA	RY OR CREMATORY 24D. L	LOCATION (City town	legrong"	Syala
	Bun	al March	27/53	Anshir Es	numble Cong Cente	Walter		va
	ATE RECEIVE		S SIGNAT	41111 31 4	25. FUNERAL DIRECTOR	50	ADDRESS [264
2.8	AD 2710	53 Hunti	istor 1	Villiame, My	Sof Leven	one dus	notto.	due
17	VS 150	137	0					-7/4
		THE PARTY NAMED IN						



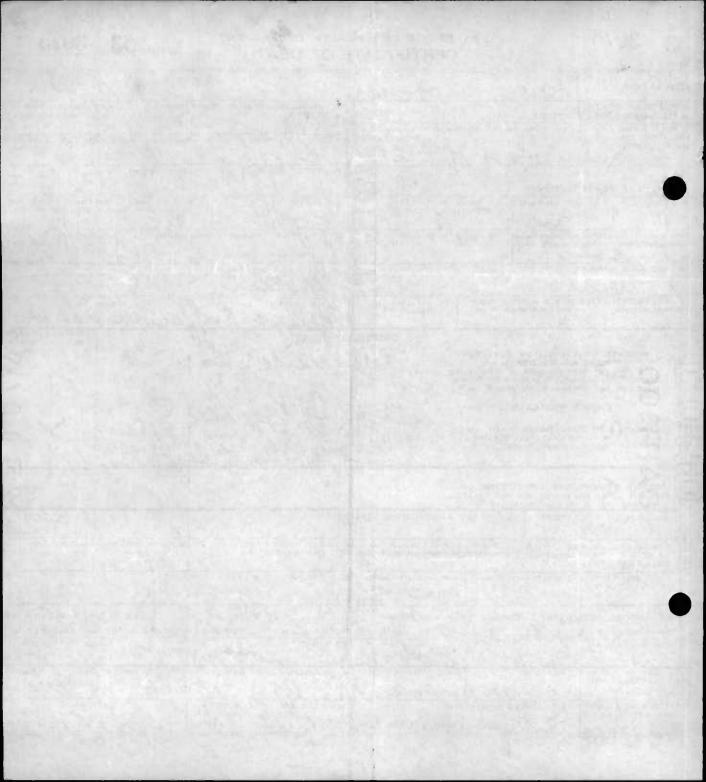
-200

BALTIMORE CITY HEALTH DEPARTMENT

53 3U74	CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	A. McKay	2. DATE OF March 26/53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION 2413 Jame	ital or institution, give street address of location	
ngth of stay in Baltimore	Yrs, Mos. Days	
5. SEX 6. COLOR OR RACE		8. DATE OF BIRTH 9. AGE (In years II Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind	of 108, KIND OF BUSINESS OR	7 July 1877 75
vork done during most of working life, even if retired	Strause & Baer	
13. FATHER'S NAME	1 Dolarde of Dael	14. MOTHER'S MAIDEN NAME
Moore		Unknown
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give wer or da	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mrs Catherine McKay, 2413 James St.
18. 260X	CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which	ATH of dying, e.g., eans the disease.	myocarditas 8 montes
ANTECEDENT CAL	JSES (B)	teriosclerosis 10 years
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION U L I OTHER SIGNIFICANT CON	IF ANY, GIVING	ibetes melliters 15 ym
E II		1
OTHER SIGNIFICANT CONTINUE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	T NOT RELATED	
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
Y		YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg	In or INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Yea OF INJURY	r) (Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?
i insuki	m. WHILE AT NOT WHILE	
22. I hereby certify that I a	ttended the deceased from	15th 13th 1957, to March 16, 19 53 that I last saw th
deceased alive on fustil 2	5,1955, and that death occi	erred at 6 A.m., from the causes and on the date stated above
23A. SIGNATURE Han	rulates: M.D.	238. ADDRESS 17 Scott Sto. 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	71-000	ERY OR CREMATORY 24D. LOCATION (City, town, or county) 4State)
	30/53 Loudon Pa	rk Balto. Md.
	R'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

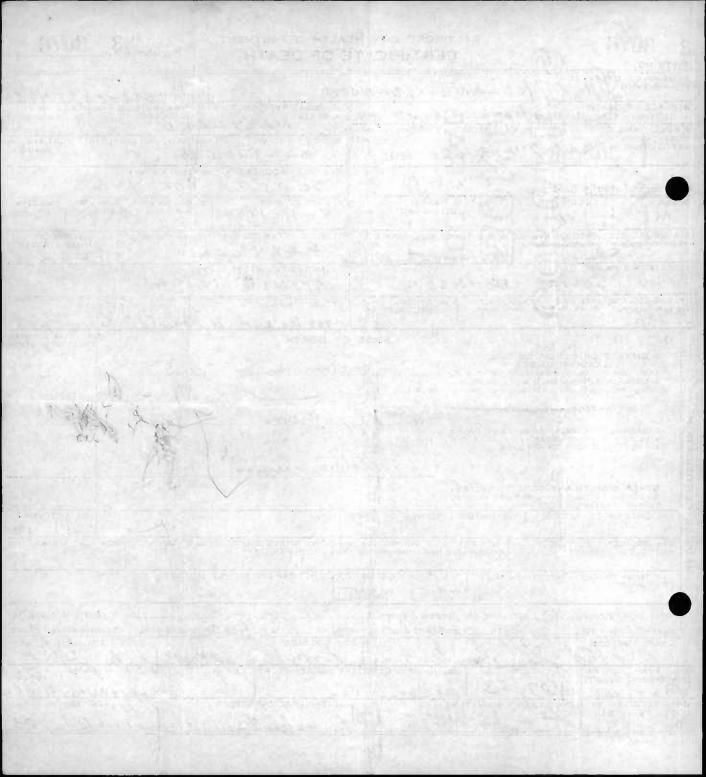
the ment than a first of the same of the

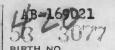
Registered 3075 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 0015 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liver. If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION LACL o. STREET ADDRESS (If paral, give location) Yrs. Mary ngth of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year I Under 24 Hours Instruction Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done derthe most of working life, even if retired) INDUSTRY WHAT COUNTRY? arlon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL ADDRE65 (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from that I last saw the 10m. deceased alive on _____ the causes and on the date stated above. 19 and that death occurred at_ 238. ADÓRES 23c. DATE SISNED 23A. SIGNATURE M. O 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or gounty) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 9066



3 3076 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	3076
I. NAME OF DECEASED	CLAND VOHNS	ON	2. DATE OF DEATH MA	100160
3. PLACE OF DEATH: A. Baltimore City, Maryland PRA B. FULL NAME OF (If not in hospital OR INSTITUTION FRANKLIN	NKLIN SQUARE HOSP	A. STATE A. STATE A. STATE C. CITY OR TOWN (If	here deceased lived. If ins B. COUNTY AND outside corporate limits, w	before admission)
ngth of stay in Baltimore	LIFE Mos. Days	D. STREET ADDRESS (If 1)	rural, give location)	1
5. SEX 6. COLOR OF RACE	7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-11-1899	9. AGE (In years II Und last birthday) Month	der i Year Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) LEEK 13. FATHER'S NAME WILLIAM	Balta Co Employa	11. BIRTHPLACE (State or fo MARY LA 14. MOTHER'S MAIDEN NA ANNIE	reign country) 12	CITIZEN OF WHAT COUNTRY!
15. WAS DECEASED EVER IN U. S. ARMED Yee, oo or ookoowo) (If yee, give war or dates)	of service) SECURITY NO.	Mrs Raland H		RESS
DISEASE OR CONDITION DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can be applied to the complex of the complex	dying, e.g., (A) dying, e.g., (B) due to (C) dying death.) Due to (C) dying and death.	Leolerson	Recident	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT I	NDT RELATED	exosclepsis		
19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (OF INJURY)	21B. PLACE OF INJURY (e. g., io aboot home, farm, factory, street, office bldg., et Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK	injury occur?	f in Baltimore City, give	e exact location)
22. I hereby certify that I atterdeceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) 3/27	nded the deceased from , 19 and that death occur		recauses and on the	date stated above. 23c. DATE SIGNED 3/15/3 (State)
DATE RECEIVED BY REGISTRAR'S	L- INFIRE 11 TO	25. FUNERAL DIRECTOR	wel Home 740,	DDRESS 1. Belain Rd

VS 150





5G BIRT	30°	77	DAL	CERTIFICAT	E OF DEA	ATH	Registere	30	30'	67
1. NA (Type	AME OF DE		rge Mil	ls			2. DATE OF DEATH MAR	ch 2	6-19	53
A. Ba	ACE OF DE altimore C	ity, Maryland	al or institut	ion, give strect address or	A. STATE	sidence (Wi	B. COUNTY		itution:	
HOSI	TUTION B	altimore Cit;	y Hospi	tals location)	C. CITY OR TO	own (If o	utside corporate di	mile, vi	RUR	RAL and give township)
c.		ay in Baltimore	43y	Yrs. Mos. Days		odress (If re	zone 25			
5. SE	x M	6.COLOR OR RACE	WIDOW	E, MARRIED, YED, DIVORCED (Specify) Tied	8. DATE OF B		9. AGE (In years last birthday)	If Under Months	1 Year Days	If Under 24 Hours Hours Min.
Ret	 Outsi 	CUPATION (Give kied of f worklog life, evec if retired) de Machinist		INDUSTRY	Marylan	d		12.	CITIZE	N OF COUNTRY?
	ATHER'S N	George		The same	14. MOTHER'S	Margare	t Bonsal			
	AS DECEASE or nnkoowo)	D EVER IN U.S. ARMEI (If yes, give war or date S A W.	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMAN Records:		Eastern A			
CERTIFICATION	DISEASES	E OR CONDITION LEADING TO DEA: not mean the mode of the complication which complication which complication which complication will be complicated with the complication which complication will be complicated with the complicati	TH If dying, e. g In the diseas Eaused death EES F ANY. GIVIN STATING TH	c., (A) Coron	OF DEATH ary Thromb stive Fail					AL BETWEEN
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D						
DICAL	IA. ACCIDI	ENT WAS UNDER-	218. PLA	FINDINGS OF OPER	in or 21c. WHEF		in Baltimore Cit.	y, give	YES	NO X
200	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK									
d		ive on 3-26-		and that death occu	rred at 9 P	_m., from th	e causes and or Baltimore,	the d	late sta	ted above.
TION,	BURIAL C REMOVAL (S) DUTIAL	REMA- 241 DATE pecify) 3/30/53		St. Peters	RY OR CREMATO		CATION (City, to	wn, or c	-	(State)
LOCA	RECEIVED AL REGISTI	RAR	S SIGNATU	IRE	25. FUNERAL	1 0	1217 S		aul S	

. 2 John ! Jr . Hall to complete this teach we were

BALTIMORE CITY HEALTH DEPARTMENT

53 3078 Registered No.

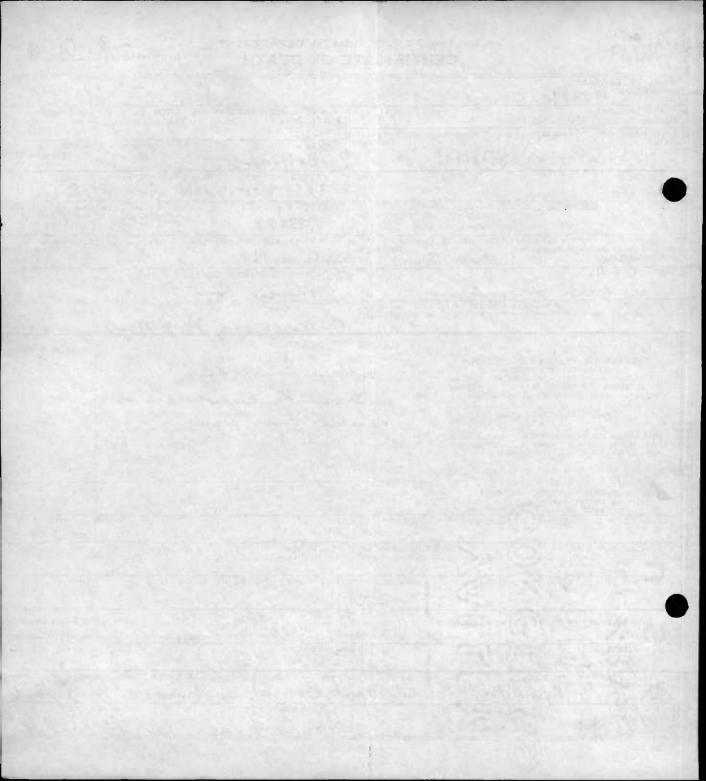
BI	RTH NO.	OEKTII IOATI	E OF BEATTI
	NAME OF DECEASED CHO	2 ff man H. MI	4DELINE 2. DATE OF 3-26-53
A.		Ballimore	A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
HC	FULL NAME OF (If not in hospital OR Franklin Sq	or institution, give street address or lecation)	C. CITY OR TOWN (If outside corporate limits, write KURA and give township)
C.	ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) In MCS
5,	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours Min. 47
"OP	USUAL OCCUPATION (Give kind of dooe during most of working life, even if retired)	NOB. KIND OF BUSINESS OR MATE OWNER STRY	11. B(RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	whis Kayley	14. MOTHER'S MAIDEN NAME
	Martin Noon	als.	Hanniett Kubh
15 (Yes	WAS DECEASED EVER IN U. S. ARMED no or onkoown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT NORMANT VALUES ST.
	18. 443 X I DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mear injury or complication which es	DIRECTLY iH if dying, e. g., is the disease,	of DEATH INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT IS	ANY, GIVING STATING THE DUE TO ST. (C)	p. C. V. d'isease
Ö	TO THE DISEASE OR CONDITION	CAUSING IT.	
CAL	0	BB. MAJOR FINDINGS OF OPER	YES NO
MEDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
	21b. TIME (Month) (Day) (Year) OF INJURY	(Hour) 2 1E. INJURY OCCURRE while at not while at work	
	22. I hereby certify that I atte	/	26 , 1953, to 3/26 , 1953 that I last saw the
	deceased alive on 3/26 23A. SIGNATURE		red at 6 p.m., from the causes and on the date stated above. 38. ADDRESS 230. DATE SIGNED Franchis Square Hospital 319613
	A. BURIAL, CREMA- 24B, DATE	24C. NAME OF CEMETE	
THO	Burial 3/30/	53 U.S. Hat	
		rgion Williams, M.	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
	VS 150	69	046

ı	125
	600000
ì	5 30/3
ı	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	3070
egistered No	407.9

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Myrtle E. Gerding	2. DATE OF DEATH 3 26/53
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in bospital or institution, give street address or location) INSTITUTION LUHERAN Hospital	C. CITY OR TOWN (If outside corporate limits, write ROBAL and give township)
hgth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3308 Westerwald Ave. #18
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 7/17/99 9. AGE (In years last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, eveo if retired) Housewife Worker forme	Dalinose, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mamie Poy
(Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Bertha Peregou 3308 Westerwaldling
18. 443 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	A O O
LEADING TO DEATH	chal heman have
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	rescerate cardio vescular
ANTECEDENT CAUSES	0 +
	ease hyperlensive
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
₹	YES NO P
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. work L at work	
22. I hereby certify that I attended the deceased from	1953, to 3/26, 1953, that I last saw the
deceased alive on 3/26, 19 53, and that death occu	rred at 3:25 A.m., from the causes and on the date stated above.
	23B. ADDRESS 23C./DATE SIGNED
Franklin I. Keller M.D.	Luthum Hospital 3/26/53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bural 3/28/53 Foudon Va	re Geneley Bollimore, maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS STATES
Ve 150	, (d) July pt.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3080

1217 St. Paul Street

Registered No ___ 1. NAME OF DECEASED 2. DATE (Type or Print) HOWARD E. BIRCH OF Mar. 27, 1953 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE Virginia A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US PUBLIC Health Service location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Wyman pk. prive & 31st street Chincoteague Vra D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours; Min. 3/26/04 Married 10A. USUAL OCCUPATION (Glyckindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) U.S. Coast Guard WHAT COUNTRY Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eba Birch Laura Thornton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO. Records- US HIS Hospital, Balto, Md. CG- WW lies INTERVAL BETWEEN 81.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Esophageal varices with hemorrhage Undetermine (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cirrhosis, liver Indetermined ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE Feb. 5 , 1953 to Mar. 27, 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ Mar . 27 19 53, and that death occurred at 7:15 An., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED US PHS Hospital, Balto, Md. Clinical Director J.A. Hunter 24A. BURIAL, CREMATION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE Chincoteague remova Chincoteague, Virginia DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR

CONTRACTOR OF DEATH AND ACTOR OF THE CO.

53 3081 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

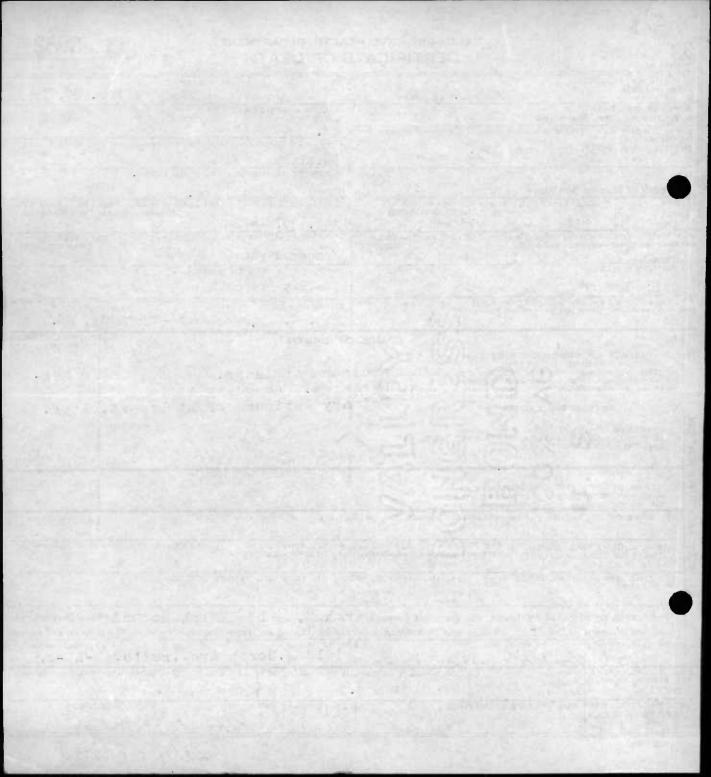
Registered N3 3081

Dilitiri ito.						
1. NAME OF D (Type or Print)	ECEASED	Emma	Geppi		2. DATE OF DEATH Mar.	27, 1953
	City, Maryland	1 1 11		4. USUAL RESIDE A. STATE Maryle	NICE (Whoma decreased lived to	
B. FULL NAME HOSPITAL OR INSTITUTION	Baltimore C: 4940 Easter:	lty Hos		c. CITY OR TOWN Baltin	(If outside corporate limit	writ RURAL and give township)
ength of s	tay in Baltimore	Lif	Yrs.	1232 Cle	ss (If rural, give location) veland St.	
5. SEX	6. COLOR OR RACE	WIDOW	MARRIED. ZED, DIVORCED (Specify)	May 21, 187	a last hirthday) [Wi	f Under 1 Year If Under 24 Hours on the Days Hours Min.
loa. USUAL OC orkdooeduriogmost housewij	CUPATION (Give kind of of working life, even if retired)	at ho	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S Maryla	nd	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAI		
	Nichola			Molli	Forrest	
15, WAS DECEASI Yes, oo or uokoowo)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Records: B	alto. City Hospia	DDRESS als
(This does heart failuinjury or DISEASE: RISE TO TUNDERLY)	SE OR CONDITION LEADING TO DEAT is not mean the mode of tre, asthenia, etc. It mea complication which ce ANTECEDENT CAUS SOR CONDITIONS, 11 HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT SEEASE OR CONDITION	TH f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)		nknewn Origin	
19A. DATE C	of OPERATION 0 1		FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIE LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., in arm,factory,street,office bldg.,e	oor 21c. WHERE D		give exact location)
OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
22. I hereb	y certify that I att	ended the	aeceasea mon.	24 1953	, to 3-27 , 1952	, that I last saw the
deceased a		, 1953			from the causes and on t	
23A. SIGNA	4.6.3	hund	M. D. 45		ve., Balto. Md.	3-27-53
100, REMOVAL (S Burial	3/30/53		Glen Haven Cer	metery	Anne Arundel Cou	nty, Maryland
DATE RECEIVE LOCAL REGIST	RAR H	SIGNATU	Williams , A	25 VNEBAR DIR		ADDRESS Paul Street
VS 150	1000	/				

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	3082
egistered No.	CIOCID

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	MARY L	. LAVENDER		2. DATE OF DEATH	Mar. 25	, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3038 Guilford Ave.			A. USUAL RESIDENCE (WA. STATE Md. C. CITY OR TOWN (If Baltimore	here deceased lived, I. B. COUNTY outside corporate fini	befo	ore admission)
moth of stars in Politicana		Yrs. Mos.	D. STREET ADDRESS (If			
ngth of stay in Baltimore 5. SEX 6. COLOR OR RACE female white 10A. USUAL OCCUPATION (Givekindof work doneduring most of working life, even if retired)	WIDOW Wid 108. KIND	E. MARRIED, /ED, DIVORCED (Specify) OWOCO O OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH Mar. 26, 1872 11. BIRTHPLACE (State or fo	9. AGE (In years last birthday) M	12. CITIZ	
housewife 13. FATHER'S NAME Byley Lyford	at h	ome	Massachusetts 14. MOTHER'S MAIDEN NA Adeliza Prescott			
15. WAS DECEASED EVER IN U, S. ARMET (Yes, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. G. Kinsey		address erly. M	id.
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with complication which complication with complication which complication which complication with complication which complication	TH f dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH STATING TH NOT RELATE	(A) Garci DUE TO Meta Prim (B)	noma of Lungs. stes. Secondar ary Carinoma o	y to	31	Vr.
	9B. MAJOR	FINDINGS OF OPER			YES [NO
21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att	(Hour) m. eended the 1953,	and that death occur	ED 21F. HOW DID INJURY	arch 25, 195 he causes and on t	3 that I lithe date st	ast saw the ated above.
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 3/28/53 DATE RECEIVED BY REGISTRAP		Woodlawn Cem.	RY OR CREMATORY 24D. LC	wn, Md.		(State)
LOCAL REGISTRAR	witers	Williams M.	Im. Tick	ner 4 So	W	
VS 150	0		V	salto 17	M	d.



. 11	1
14	6
53	3083

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	3083
Registered	No.	COCO

B	IRTH NO.						
(1	NAME OF DI Type or Print)		ALBERT	L. PEPPLER		of March 2	5, 1953
	Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE (W. A. STATE	here deceased lived. If inst B. COUNTY	itution: residence before admission)
H	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		outside composite limits,	wite BAIR AT and give
11	ISTITUTION 7	03 Chestnut I	Hill Av	e.	Baltimore		township)
1				Yrs.	D. STREET ADDRESS (If r	ural, give location)	
		tay in Baltimore		Mos. Days	703 Chestnut Hil		
	ale	6.COLOR OR RACE	7. SINGLE WIDOW mar	E, MARRIED, /ED, DIVORCED (Specify) ried	Feb. 1, 1895	9. AGE (In years il Under last birthday) Month	s Days Hours Min.
Wor	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
	Interio	r Decorator	Dept	. Store	Maryland		WINT COOKING
	Louis P	eppler			14. MOTHER'S MAIDEN NA Elizabeth Hoefli		
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
`	ves	World War 1		SECONITI NO.	Mrg. Isabelle J.	Peppler-703 C	hestnut Hill
ICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						Suddey .
CERTIF	TRIBUTING TO THE DI	II IGNIFICANT CONDI TD THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	.D T			
AL	19A. DATE O	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		YES ND
EDICAL	21A. ACCIDE LYING OF CAUSE OF I	ENT WAS UNDER-	218. PLA about home,	ACE OF INJURY (e. g., i. arm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	
Σ		Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?	
		y certify that I att	ended the	deceased from 8	red at 4:45Am., from th		
	23A. SIGNOT		Jolen		38. ADDRESS		3c. DATE SIGNED
2. TI	4A. BURIAL, CON. REMOVAL (S	pecify)		Loudon Park		OCATION (City, town, or	county) (State)
	Burial ATE RECEIVED OCAL REGISTI		SSIGNATU		25 JUNERAL DIRECTOR.		DDRESS
=	VS 150		0	CIV	66	Bacto	17, Mrd.

THEORY CHEST SHIP PLANE THE PERSON OF THE

00	0
53	3084

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

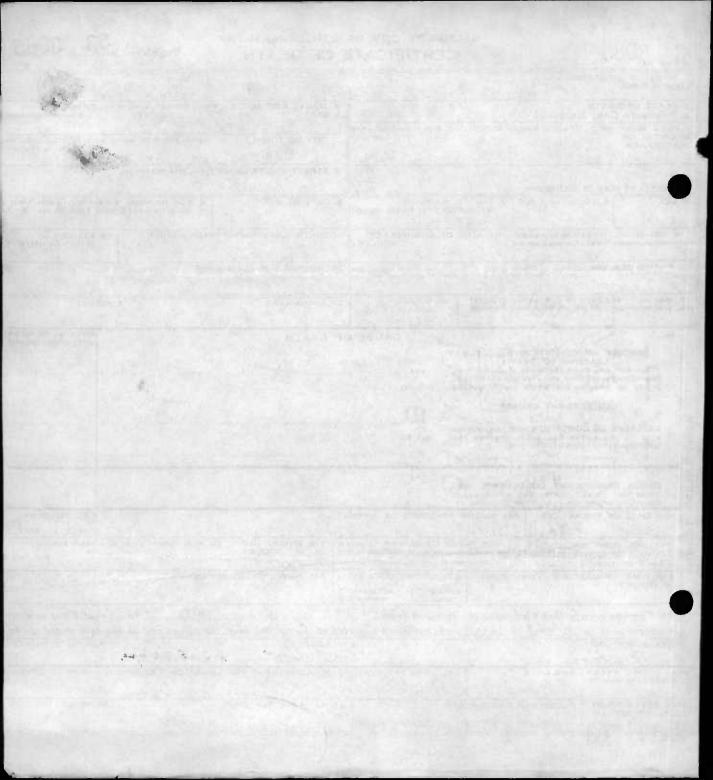
	53	3084
		CONT
Registered	No	

BI	RTH NO.						
	NAME OF D ype or Print)		Cathe	rine Lay		2. DATE OF Mar	ch 25, 1953
А.	FULL NAME	City, Maryland		land Ave	4. USUAL RESIDENCE (W		If institution: residence before admission)
IN IN	STITUTION			location)	Baltimore		its, write RURAL and give township)
		tay in Baltimore		50 Yrs. Mos. Days	b. STREET ADDRESS (If:	ve	
F	emale	White	WIDOW	E, MARRIED. /ED, DIVORCED (Specify) ngle	Dec. 2, 1865	87	Months Days Hours Min.
work	done during most o	CUPATION (Give kind of of working life, even if retired) NO	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Washington	, D. C.	12. CITIZEN OF WHAT COUNTRY?
		omas Wolcott			14. MOTHER'S MAIDEN NA Annie Roach	AME	
15 (Yes	. WAS DECEASI , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Anne Martin	4706 Rolan	ADDRESS
CERTIFICATION	(This does heart failus injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDIT IS TO THE DEATH, BUT ISEASE OR CONDITION	'H f dying, e. g ns the diseas aused death ES 'ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	terine and arta	řosledi	- Hany
CAL	19A, DATE C	F OPERATION 0 1		FINDINGS OF OPER			20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., in erm, factory, street, office bldg., e	n or 21c, WHERE DID (I. INJURY OCCUR?	f in Baltimore City	, give exact location)
	21b. TIME OF INJURY	Month) (Day) (Year)		2 1E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
	22. I hereb deceased al 23A. SIGNAT			and that death occur	23 53, 19, to red ot 5 Pm., from the 3B. ADDRESS	3/25/53, 19. he eauses and on luck St.	_, that I last saw the the date stated above.
24 TIO	A. BURIAL, ON, REMOVAL (S	Pecify) 3/28/53	3	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO		n, or count) (State)
	TE RECEIVE		SIGNATU		25 FUNERAL DIRECTOR A Weland	Son 8051	ADDRESS M. Calvert St.

6:	52
53 BIRTH	3085

CERTIFICATE OF DEATH Registered No. 3085

BIF	TH NO.						
1. I	NAME OF DEC pe or Print)	CHAIL CHAIL	LES	L. FRI	ANK	OF DEATH	RCH 26, 1953
Α.]	Baltimore Cit	y, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	. If institution: residence before admission)
HO	TULL NAME OF SPITAL OR STITUTION			on, give street address or location)	c. CITY OR TOWN (If	outside corporate li	mits, write RURAL and give township)
500	ITH BALT	MORE GEA	JERAL	LIOS PIPAL	MANGALL	Slown -	16
	ength of sta	y in Baltimore		Mes. Days	LIBENTY R	rural, give location)	6200
5. 3	SEX 6	COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (in years	Months: Days Hours Min.
1	1ALE	WHITE		LRIED	3-14-1884	69	
104	. USUAL OCCU	JPATION (Give kind of porking life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
R		ublie ses	cost - 1.	Balto Co.	Maryland		U.S.A
/ /3.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	Georly	ETYANK			CATHENINE	ITAGET	
15.	WAS DECEASED	EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(no	(,,		218-32-0090	CARRIE L. TrAN	K- RANDAL	LotoWN
	18. 155	Χ	Trible in	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does n	et mean the mode of	TH of dying, e.g	. PRIMAR	Y CANCER O	F KIUER	
	heart failure	, asthenia, etc. It mea emplication which c	ns the disease	e, .) DUE TO			
7	^	NTECEDENT CAUS	SES	(B)		***	
ō		OR CONDITIONS, I		G	***************************************	******************************	
FA		NG CONDITION LA					
2			PERMIT	(C)	***************************************	••••••	***************************************
CERTIFICATION		П					
ER	TRIBUTING T	NIFICANT CONDI	NOT RELATE	D			
U.	19A. DATE OF	OPERATION - 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	MATZCH	W/53 1	310855				YES NO
EDICAL	21A. ACCIDE	NT WAS UNDER-	2 IB. PLA	CE OF INJURY (e. g., i		If in Baltimore Cit	y, give exact location)
ME.	CAUSE OF DI						
	OF INJURY	lonth) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby	certify that I att	ended the	deceased from MAR	CH 17, 1953, to	AHRCH 26, 19	53, that I last saw the
	deceased alir	ve on MARCH H	6, 1953	and that death occur	rred at R. 40 Pm., from t	he causes and or	n the date stated above.
	23A. SIGNATU	Coruvay		м. р.	23B. ADDRESS	al 1600 p	23c. DATE SIGNED
24	A. BURIAL, CR		/	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, to	own, or county) (State)
17	nisial	2/28/	53	mit yeu	175 May	udall stere	y Med
DA	TE RECEIVED	BY REGISTRAR	S SIGNATL	IRE	25. EUNERAL DIRECTOR	- 00	ADDRESS
	CAL REGISTRA	- I bear face	year V	Villiams Miss.	(Xapull H, Y	111500	
-	V= 150		C		11000		
	4 100	The same of					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO.

Registered No.3 3086

1. (T	NAME OF D	ECEASED	lren	e Morgan		2. DAT OF DEAT		ch 23. 1953
	PLACE OF D Baltimore	EATH: City, Maryland			4. USUAL RESID			
В.	FULL NAME	OF (If not in hospi	tal or institut	tion, give street address o		Md.		and the same of th
	SPITAL OR	03.00 7.3		location	G. GILL GILL		rporate limits, w	rite RURAL and give township)
	No. 1	3137 Bel	lmont A	70.	Bal		10	0
for	ength of s	stay in Baltimore	?	Yrs. Mos. Days		Imont Avo.	location	
5.	SEX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRT	H 9. AGE		er 1 Year If Under 24 Hours
	F	C		VED, DIVORCED (Specify V	7/6/84	67	oirthday) Months	s Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE	State or foreign cour	atry) 12.	CITIZEN OF WHAT COUNTRY?
		H. Wife		INDUSTR	N. C.			USA
13	FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		ODA
		?				?		
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDF	PESS
(10	no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.		ne Jones 31		
	18. 3.21	-1				10 001100 27	Of Deadon	INTERVAL BETWEEN
	and and	1 1			OF DEATH	1		ONSET AND OEATH
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY	(10	DV 1/1		7	10.
		not mean the mode are, asthenia, etc. It me	of dying, e. :		ran y vy	nymay		0 ~~~
		complication which				(174 5740
		ANTECEDENT CAU	SES	1				
Z				(B)	tracter	2		
0		S OR CONDITIONS,		NG .			************************	***************************************
AT	UNDERL	YING CONDITION L	AST.		N			P. IN E. SIRV
N.				(C)	***************************************	***************************************	***************************************	***************************************
느		II W						
CERTIFICATION		SIGNIFICANT COND						the little
C		ISEASE OR CONDITION						
	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		10.101	20. AUTOPSY?
Y								YES NO
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.			imore City, give	exact location)
2		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DIE	INJURY OCCUR	7	
7	OF INJURY		m.	WHILE AT NOT WHILE		,		
	22 I hough	y certify that I at	,	, ,	11/5/ 19	to 3/23	11/10 +	hat I last saw the
	deceased a	- 2 17 1	19	and that death occu	1637			late stated above.
	23A. SIGNA		113		23B. ADDRESS	, from the cause		3c. DATE SIGNED
	2011 010111	William	- (2)	emen M.O.	.753 (Ing IT		RP 6/12
24	AA. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMET	ERY OR CREMATORY	240 LOCATION	(City, town, or	county) (State)
TIC	ON, REMOVAL (S	Specify)	2	164 0-7		V		
- D	Burial ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	Mt Calvar	25-FUNERAL DIF	Balto .		DDRESS
	CAL REGIST	RAR	- 43 1	- IALII	M	Mark Street		
_	MAD 97		ntivato	a - a savirona.	Beo. G. Ke	lson 1303	Presstmen	St.
	VS 150	1099	0		11.	00 1101	0	

Ses. St. Kelso

A dwy Figure Tolkie

VS 150

CERTIFICATE OF DEATH Registered 763 3087

B,	RTH NO.	L OI BEATTI	
(T	NAME OF DECEASED (PP or Print) Catherine V. Stage		DATE OF MAN 25.1953
3. A.	Baltimore City, Maryland 709 Linnard A		deceased lived. If institution: residence B. COUNTY before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address o	- Md	1 0
	STITUTION	c. CITY OR TOWN (If outsi	de corpora e limits, write RUBAL and give township)
19	9.1. + ' Yrs.	D. STREET ADDRESS (If rural	give location
C	gth of stay in Baltimore Days	709 Linnara	1. of
5.	6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9.	AGE (In years If Under Year If Under 24 Hours Hours Min.
プ.	emale white Andowed	July 20, 186/	85
ork	A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTR'S INDUSTR'	1. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Dallimore	- mal.
	Thomas Idouthas	14. MOTHER'S MAIDEN NAME	1 Dott
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT	coffee 29
Yea	, no or unknown) (If yes, give war or dates of service) SECURITY NO	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A 700 ADDRESS TO
1	18. / 🗸 / X . CAUSE	OF DEATH	INTERVAL BETWEEN
4	DISEASE OR CONDITION DIRECTLY	<i>U</i>	ONSET AND DEATH
1	(This does not mean the mode of dying, e.g., (A) Cancel	nome of blads	Les Several Years
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	7	
	ANTECEDENT CAUSES		
5	DISEASES OR CONDITIONS, IF ANY, GIVING	mamatosis, envo	long lungs.
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	72	reported.
اذ	(C)		
	OTHER SIGNIFICANT CONDITIONS CON-		
4	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Branchetis.	Sev. years.
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
ξ.			YES NO
in the second	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	ED 21F. HOW DID INJURY OC	CUR?
4	m. WHILE AT NOT WHILE AT WORK		
	2. I hereby certify that I attended the deceased from	2 10, 49/1948, tomares	25, 1953, that I last saw the
	deceased alive on reach 27, 1900, and that death occu	rred at 11 - Um., from the co	iuses and on the date stated above.
	9 1 11 11	238. ADDRESS 2701 4. Calvert	St. March 25.53
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI		FION (City, town, or county) (State)
ric	Querial Mar 28-1953 Louday F	ark Bit	tringel and
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	MAR 27 1052 Huntington Vallacus, My	The A Seule 531	11 Edmondson (in

270/2. Cada

4 7vi 168663 53 3088

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3088

BIRTH NO.	38		CERTIFICATI	E OF DEATH	Registo	ered No.	
Type or Print)	DECEASED Ma	ry Fran	nces Williams		2. DATE OF DEATH	March	24, 1953
B. PLACE OF DA. Baltimore	City, Maryland	1	ion, give street address or	4. USUAL RESIDENCE A. STATE Maryland		ved. If insti	itution : residence before admission
OSPITAL OR		City Ho	ospitals location)		(If outside corporat	limits, wr	ite BURAL and giv township
th of	stay in Baltimore	30 yr	Yrs. Mos. Days	o. street address (on)	
F. SEX	6. COLOR OR RACE	7. SINGLE WIDOW Widow	E, MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye last birthda	urs If Under	1 Year If Under 24 Hours Min
OA. USUAL OG ork done during most	CCUPATION (Give kind of of worklog life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Virginia	foreign country)	12.	CITIZEN OF WHAT COUNTRY
Tom Ma				14. MOTHER'S MAIDEN	NAME		
5. WAS DECEAS	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4940 I	astern Ave	ADDR	
heart failt injury or DISEASE RISE TO UNDERL	LEADING TO DEAT s not meen the mode of ure, asthenia, etc. It mea complication which c ANTECEDENT CAUSE S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the discas- aused death ES F ANY, GIVIN STATING TH ST.	(B)	e Melletus - Dia	betie Gang	Jone	
TRIBUTIN TO THE D	G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	.о т				
21A. ACCII	DENT WAS UNDER-	21B. PLA	FINDINGS OF OPER ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore	City, give	YES NO Exact location)
OF INJURY		m.	21E. INJURY OCCURRI			70	
	live on 3-24-	ended the , 19 53, .	2		the causes and	on the d	nat I last saw the late stated above 3c. DATE SIGNED = 24-53
ION, REMOVAL (Mac ?	811/18	my Call	ery 13	OCATION (City	gu	me
DATE RECEIVE LOCAL REGIST		S SIGNATU	Philiams, My	25. FUNERAL DIRECTOR) Wils	Len	DDRESS

1000 Brantley 3

VS 150

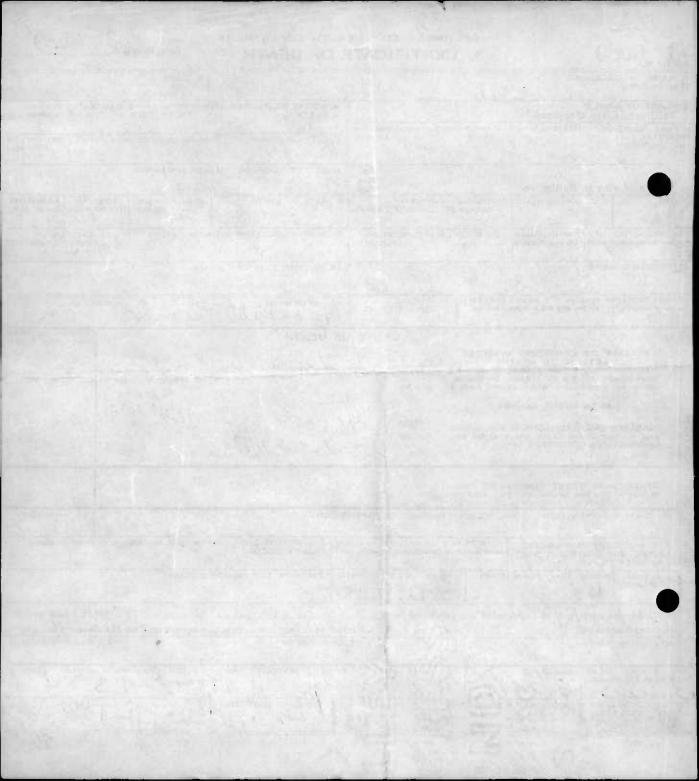
E 0 45 TATE ASSOCIATION OF THE PROPERTY OF THE PARTY OF

5	3	0	
53 BIRTI	1 NC	308	39

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3089

DIA	IN NO.					•	
(Ту	NAME OF DE	CAI	lvin	Smiti	h	2. DATE OF DEATH	3/25/53
A. I		ity, Maryland		•	A. STATE		d lived. If institution: residence UNTY before admission)
HO	ULL NAME OF	Mineral	al or institut	ion, give street address o	Baltin	nore	at limits, write RURAL and give township)
33	h of st	tay in Poltimore	0	Yrs. Mos.	D. STREET ADDRE	iss (If rural, give to	cation)
c. I		6. COLOR OR RACE	WIDOW	Days MARRIED. /ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE Un	n years if Under I Year if Under 24 Hours hday) Months Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		O OF BUSINESS OR INDUSTR		tate or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	IAME ?			14. MOTHER'S MA	DEN NAME	
	WAS DECEASE no or unknown)	D EVER IN U. S. ARMEI (If you, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	the Rico	ADDRESS
CERTIFICATION	(This does heart failure in jury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode or asthenia, etc. It mea complication which of the complication is a second to the complication of the complication of the death, but the complication of the complicati	TH of dying, e. g of	(B) DUE TO	rapulmon Etasis I reinon	any blemen Broncel Na	Appric
7				FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg			ore City, give exact location)
	21D. TIME (OF INJURY	Month) (Day) (Year		21E. INJURY OCCURI		INJURY OCCUR?	
	deceased al		tended the	and that death occi			, 1953 that I last saw the and on the date stated above.
	23A. SIGNAT	TURE /	us 1	My 07 , M. D.	23B. ADDRESS		23c. DATE SIGNED
12	REMOVAL (S	pecify) 3/29	1/53	my only	very	Broth	hty, town, or county) (State)
	TE RECEIVE	RAR	& SIGNATI	Williams M	25. WINERAL DIR	Wller	1 Pro Brandy
	VS 150	1309	4		V		ave

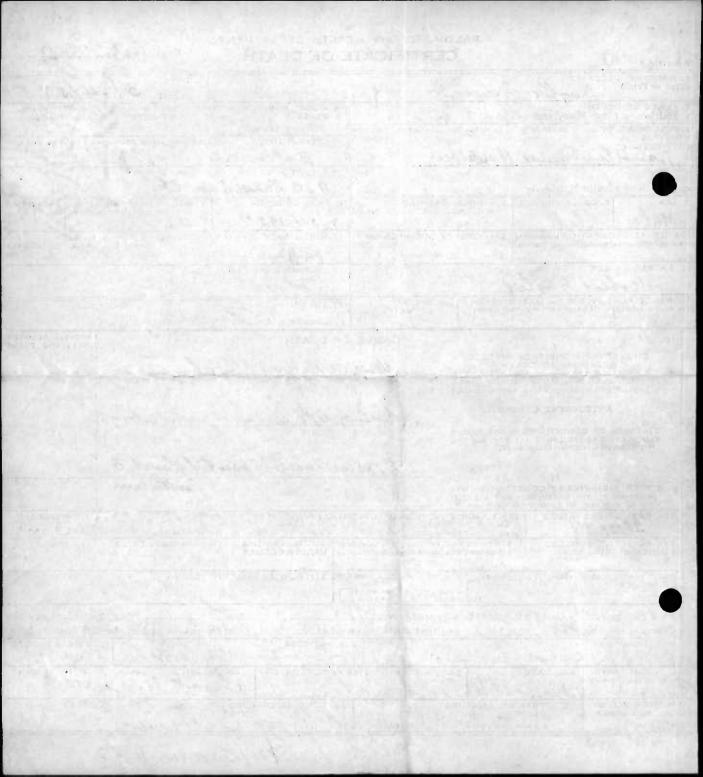


460 BATH 3090

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register No 3090

BIRTH NO.									
1. NAME OF DECEASED (Type or Print) Caplor Educ		OF DEATH	24/53						
A. Baltimore City, Maryland Bults. etta		A. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY profession)							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION J. anklin Square Hospital Yrs.		C. CITY OR TOWN (If outside corporate limits, write RIRAL and give township) D. STREET ADDRESS (If rural, give location)							
					c. I th of stay in Baltimore / Mos. Days		920 Sarah A.	nn St.	V
					5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years if	Under 1 Year U Under 24 Hours aths; Days Hours; Min.
Male Slack Single		5/31/1927	20						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)		II. BIRTHPLACE (State or f.	oreign country)	12. CITIZEN OF WHAT COUNTRY?					
Jelou On Kennel		Virguea		4. S. A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Herbert bayler		yones P							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		17. INFORMANT	AL	DDRESS					
m)		Hospetal Re	corco o						
18.142.1	CAUSE	OF DEATH		INTERVAL BETWEEN					
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Mb assure particul Hemorrhage									
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which caused det	ease,	we provence week	rrhage						
ANTECEDENT CAUSES			4, 1						
ANTECEDENT CAUSES [B) Listing left was new fawtid artery Diseases or conditions, if any, giving									
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.									
DI SINDERETTING CONDITION LAST.			t.1.0. 1 5						
11	(c) .//.y.X0	sarcoma left pass	ny grance c						
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED	***************************************	settu sum						
1 19A. DATE OF OPERATION 19B. MAJO	ESECTION A CONTRACTOR	ATION ATTO SACCOR	dissestion	20. AUTOPSY?					
21A. ACCIDENT, SUICIDE. 21B. P	LACE OF INJURY (e. g., i	nor 21c. WHERE DID (If in Baltimore City, g	YES NO L					
	e, farm, factory, street, office bldg.,		ir in Datemore Oity, g	ive exact location;					
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		Y OCCUR?						
m.	WHILE AT NOT WHILE								
22. I hereby certify that I attended th	e deceased from	28 , 1953, to	127 , 195	, that I last saw the					
	, and that death occur	red at 5 a m., from t	he causes and on th	e date stated above.					
23A. SIGNATURE MIDELO	м. р.	38. ADDRESS	Tilberg	3 Ly 53					
24A. BURIAL, CREMA- 24B. DATE THOM, REMOVAL (Specify) Mar. 2845	24C. NAME OF CEMETE	RY OR CREMATORY 243	COATION (City, town,	or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR		ADDRESS					
MAD 27 2000 Hurtingto	m Williams A	TOMario	Wilson-						
vs 150 1303		1/1/							
	97099	1000 12	rantly	8					



	3	4091
1		WILCONT.

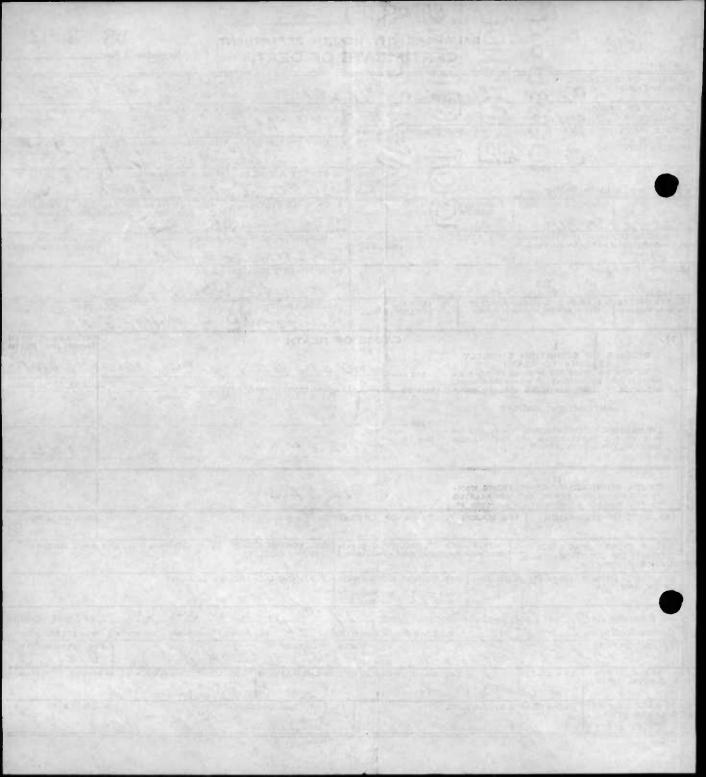
VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53 3091

Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE George H. Adolph DEATH March 26, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR (If outside corporate finits, write RURAL and give INSTITUTION 3403 Glenmore Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 3403 Glenmore th of stay in Baltimore Avenue Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | If Under 24 Hours last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) male white married Nov. 14.1874 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Janitor City School Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Howard 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Henrietta Adolph, 3403 Glenmore INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT were V6 1953, that I last saw the 22. I hereby certify that I attended the deceased from 500 deceased alive on 2000 v 6, 1952, and that death occurred at 103 _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Burial Holv Redeemer Cem. Baltimore, Maryland DATE RECEIVED BY 28. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Deonard Ruck - 5305 Harford Road.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE CILIAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence ALTIMBRE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) If outside corporate imits, write RURAL indi-C. CITY OR TOWN INSTITUTION PERRACE ALLIMORE D. STREET ADDRESS (If rural, give location) 3030 th of stay in Baltimore IERR ACE Days 1897 9. AGE (ln year | If Under | Year | II Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AT HOME BALLIMORE -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WhILAKER 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. Iller-IONA TENER 18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO EPILEPSY UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-EPILEPSY TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOF EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK 15019 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 3/26 ∠. and that death occurred at_ _m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY / 24p. LOCATION (City, town, or county) Buria 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR A 1 13/2



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution give street address or B. FULL NAME OF HOSPITAL OR Alf outside corporate INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. ADDRESS Mos. c. Leigth of stay in Baltimore Days 5. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) My) Months: Days Hours: Min. IOA. WEUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work douglas most of walking life, even if retired) INDUSTRY WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or uaknown) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ... Cerebrat Hemorrhage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) ThrombocyTOPENIA ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. "Undetermined Cause OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK 22. I hereby certify that I gitended the deceased from 3 - 25 19 5 and that death occurred at /2 Im., from the causes and on the date stated above. deccased alive on 3 - 26 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF SEMETERY OR CREMATORY (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Inclinators VS 150

Carebra P. Hambrelon de ALL HEAVY DEWNON

V S 151

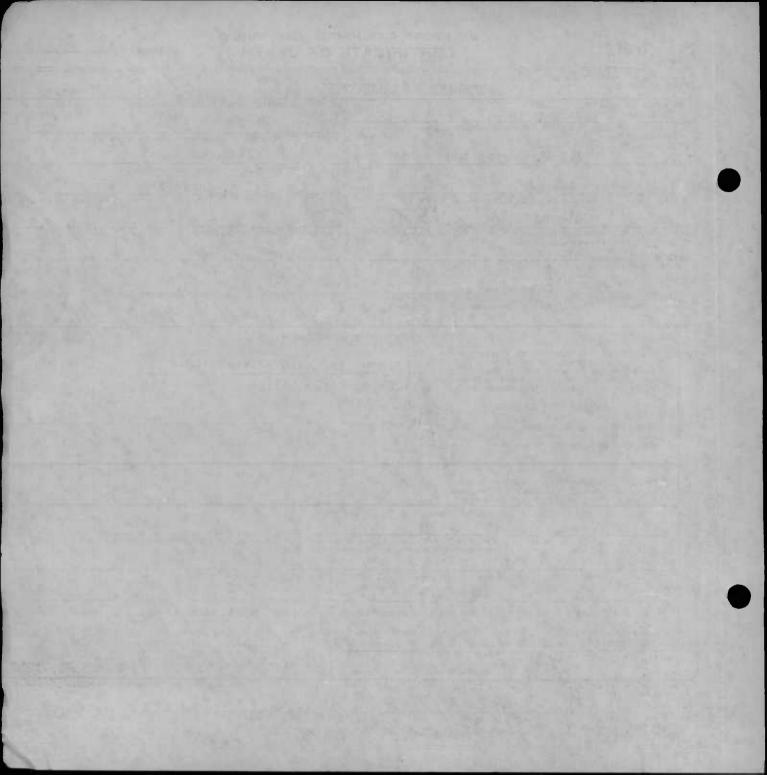
The

L	-	5	2	2	
BIRTH	31	09	4		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 33 3094

B	RTH NO.	CER	IFICATE	OF DEATH	ategistere.			
1. (T	NAME OF DECEASED ype or Print)	BERNARD	LANCAST	FR	2. DATE OF DEATH	iarch 24, 1953		
B, H(SPITAL OR	al or institution, give s	treet address or location)	4. USUAL RESIDENCE (A. STATE Marylan C. CITY OR TOWN (nd B. COUNTY	. If institution: residence before admission)		
IN	STITUTION	rrollton Ave		Baltimo	ore	township)		
C.	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location) Carrollton			
approximate and	SEX 6.COLOR OR RACE Male Colored	7. SINGLE, MARRI	ED.	8. DATE OF BIRTH	9. AGE (in years)	the state of the s		
work	A. USUAL OCCUPATION (Give kind of doys during post of yorking life, even if retired)	10B. KIND OF BUS	INESS OR INDUSTRY	Ballo.	la.	12. CITIZEN OF SWHAT COUNTRY?		
	Jann Lance	aster		14. MOTHER'S MAIDEN N	IAME &			
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16.500 of service) SEC	CURITY NO.	17. INFORMANT	Tex 1628	M. Gilmer SA		
	18. 581.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Chronic alcoholism							
	ANTECEDENT CAUS							
RTIFICATION	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE ST.	B) E TO C)					
ERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DESEASE OR CONDITION	NOT RELATED						
L C	19A. DATE OF OPERATION 1	9B, MAJOR FINDIN	GS OF OPERA			20. AUTOPSY?		
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB- UTING [] CAUSE OF DEATH.	218. PLACE OF 11 about home, farm, factory			(If in Baltimore City	y, give exact location)		
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJL WHILE AT WORK	NOT WHILE	D 21F, HOW DID INJUR	Y OCCUR?			
	22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\Bar{\Bar{A}}\), suicide \(\Bar{\Bar{A}}\), homicide \(\Bar{\Bar{A}}\), undetermined \(\Bar{\Bar{A}}\).							
	23A. SIGNATURE	Frake	М.		EXAMINER	March 24, 1953		
dy	A. BURIAL CREMA- 24B. DATE N, REMOVAL (Specify)	1953 91/V.	Well 4	un Cun. 83	LOCATION City, to	wn, or county) (State)		
	TE RECEIVED BY REGISTRAN	g signature,	a Mys.	Mrs Rott Rill	Miamo	Sch sorder of		

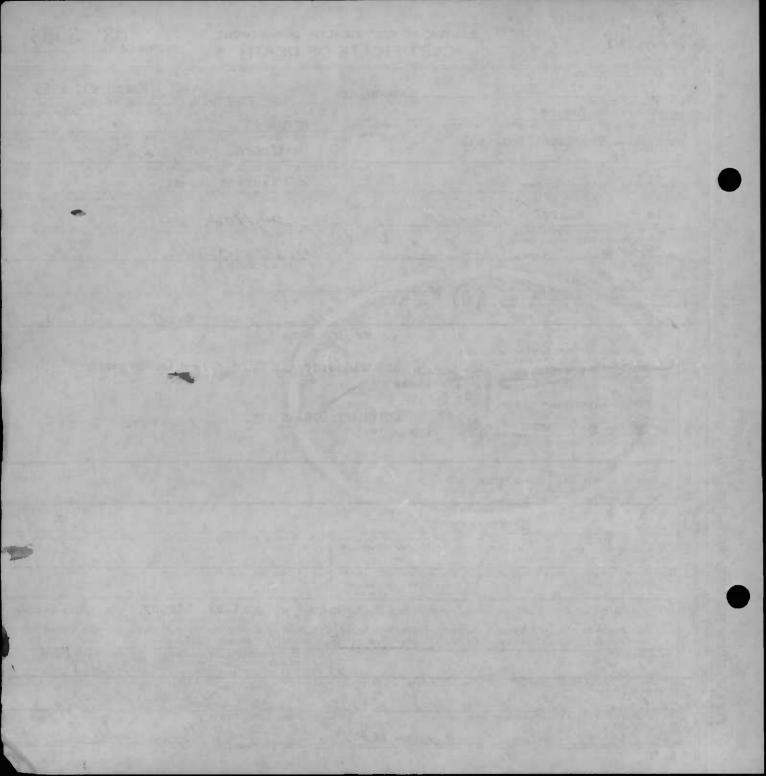


	Th	
	supplied.	
	PLAINLY, WITH UNFADING INK. Every item of information should be carfully supplied. The causes of death clearly and legibly.	
BINDING	of information slases of death clear	
ED FOR	very item	
RESERVI	INK. E	
MARGIN RESERVED FOR BINDING	UNFADING Physicians:	
	LY, WITH mportant.	
C	PLAINI cially i	

13/-616

BALTIMORE CITY HEALTH DEPARTMENT

i	41.5	IRTH NO.	TIFICATE	OF DEATH	Registered N	0
. The	1.	NAME OF DECEASED	YA RBOROUCH	a de la constant	2. DATE OF DEATH March	23, 1953
fully supplied.	B. H	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Chot in hospital or institution, give OSPITAL OR NSTITUTION Provident Hospital	street address or	A. STATE Maryland	(Where deceased lived, If is B. COUNTY)	before admission)
carfully egibly.	с.	Length of stay in Baltimore	Yrs. Mos. Days	baltimore b. street address 240 Laurens		
		Male Colored Wassed	ORCED (Specify)	Sunc 20, 190	last birthday) Mor	Under i Year If Under 24 Hours this Days Hours Min.
of information should be uses of death clearly and	worl	DA. USUAL OCCUPATION (Givekind of a done during note of working life, even if retired) Construer 3. FATHER'S NAME HAUGURANA	INDUSTRY	4. MOTHER'S MAIDEN	S.C.	12. CITIZEN OF WHAT COUNTRY
f infories of de	15 (Ye	w. no or unknown) (M yes, give war or dates of service) S	ECURITY NO.	Clara far	lorangh ^	Langer 1
Every item of i		heart failure, asthenia, etc. It means the diseasc.	CAUSE O		ovascular Dise	INTERVAL BETWEEN
INK.	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(c) Coronary	Occlusion		
UNFADING Physicians: p	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	NGS OF OPERA	TION		20. AUTOPSY?
	EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factor UTING CAUSE OF DEATH.	INJURY (e. g., in ory, street, office bldg., etc.	2 IC. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	YES NO live exact iocation)
PLAINLY, WITH ecially important.	ME		JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
PLEASE WRITE PLAIN correct age is especially		the evidence obtained by said Autopsy, I and death in my opinion resulted from:	nspection or In	quiry, find that said Autops quiry, find that said , accident , suici	deccased died on the de \square , homicide \square , u	ndetermined [].
ASE WE		4A. BURIAL, CREMA: 24B. DARE 24C. NA	M.D		ATOR	c. DATE SIGNED 23/53 or courny) (State)
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	V. Carre	MAS TO A TO A	Williams	ADDRESS 322N
	v	7 S 151	97021	+		



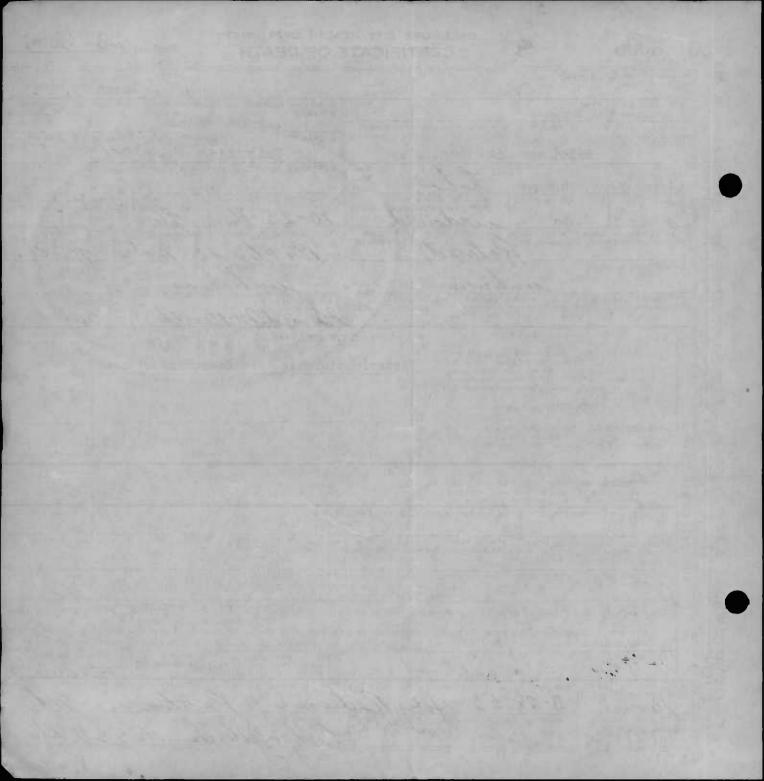
V S 151

3	1	3	C
31	19	6	
TH	١٥.		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 3096

BIRTH NO.			CERTIFICATI	E OF DEATH	Regis	lered No.	
1. NAME OF DEC (Type or Print)		6 NIC	DA DMI!		2. DATE OF	Manah	25 7052
3. PLACE OF DEA	TH:	ANK	BARTH	4. USUAL RESIDENCE	(Where deceased B. COU	lived, If instit	25, 1953 tution: residence before admission)
B. FULL NAME OF HOSPITAL OR		l or institution	on, give street address or location)	Marylan	nd		it RURAL and give
INSTITUTION	Baltimore (ity Hos	pitals	Baltimo	re	10	(wnship)
c. Length of stay	r in Raltimora	Li	Yrs. Mos.	D. STREET ADDRESS	(If rural, give loca Oldham Str		
5. SEX 6.	COLOR OR RACE	7. SINGKE	Days MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH			l Year Under 24 Hours Days Hours Min.
Male 10A. USUAL OCCU	White PATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	1 12.	CITIZEN OF
work done during most of we	orking life, even if retired)	etire	industry	Balteni	no - me		WHAT COUNTRY!
13. FATHER'S NAM		know	~	14. MOTHER'S MAIDEN			
15. WAS DECEASED (Yee, no or unknown)	EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0 /	ADDR	
				Gerard W.	Barth		INTERVAL BETWEEN
Z DISEASES OF RISE TO THE UNDERLYIN OTHER SIG	OR CONDITION EADING TO DEAT of mean the mode o asthenia, etc. It mea mplication which c NTECEDENT CAUS OR CONDITIONS, IF ABOVE CAUSE (A) IG CONDITION LA II NIFICANT CONDITION O THE DEATH, BUT ASE OR CONDITION	"H f dying, e. g., ns the disease aused death. ES FANY, GIVING STATING THI ST. TIONS CON NOT RELATES	(B)	OF DEATH			ONSET AND DEATH
U 19A. DATE OF			FINDINGS OF OPER	ATION			20. AUTOPSY?
21A. EXTERNAL UNDERLYING (UTING CAL	_ CAUSE WAS _ OR CONTRIB- JSE OF DEATH.	218. PLAG about home, fa	CE OF INJURY (c. g., i rm,factory,street,office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore	: City, give e	YES X NO Exact location)
	enth) (Day) (Year)	w	1E. INJURY OCCURR HILE AT WORK AT WORK	ED 21F. HOW DID INJ	URY OCCUR?		
the evide	nce obtained by h in my opinion RE MA-1 24B. DATE	yc of the resulted fr	emains described of sy, Inspection or loom: natural causes	nquiry, find that said	deceased dicdide , homicid	l on the de e [], under [] 23c. D.	termined ATE SIGNED th 26, 1953
DATE RECEIVED E		SIGNATUR	micha My	25. FUNERAL DIRECTO	nch - 4	103 S.	Malla 1



-	2	5	0
53	3	09	7

BALTIMORE CITY HEALTH DEPARTMENT

O	3 305	57		CERTIFICATI	E OF DEATH	⊔ Register	red No	0.004
В	IRTH NO.			CERTIFICATI	E OF DEATI			
1.	NAME OF D. Type or Print)					2. DATE	-	
			J. Dix	on			March	25,1953
Α.		City, Maryland			A. STATE	ENCE (Where deceased live B. COUNT		tion: residence before admission)
H	FULL NAME			ion, give street address or location)	Md.	(If outsid) corporate	Mercido velico	a PTOPAT and sive
11	ISTITUTION	409 E. C	ross S		Baltimo			township)
c.	Ogth of st	tay in Baltimore		69 - Yrs. Mos. Days		SS (If rural, give location Cross St.,	n)	
5.	SEX	6. COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH		rs It Under 1	Year If Under 24 Hours Days Hours Min.
_	emale	White		E. MARRIED. /ED. DIVORCED (Specify) dowed	Oct.26,188	83 69) Months I	Days Hours Min.
worl	A. USUAL OC k done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)		ITIZEN OF
-	House-	wife	600 mg		Md.			
13	B. FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME .		
	Edward				Mary Eu	litt		
15	s. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT		ADDRE	SS
(no	(x, 300) 8110 Har as and	a 01 a01 1100)	none	Gertrude D:	ixon 409 E.	Cross	St.,
CERTIFICATION	DISEASES RISE TO THE	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which is an experience of the complication of the c	of dying, e. g. ns the diseas aused death sees FANY, GIVIN STATING THEST.	(B) CAN	rni eg gvivsdi gvivsdi	nis, lyfest his	husin	
CE		TO THE OEATH, BUT			····			
J	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
K		-		_				YES NO
MEDICA		ENT WAS UNDER- CONTRIBUTING DEATH	21B. PLA	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D	ID (If in Baltimore C	lity, give ex	act location)
2		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		-
4	OF INJURY	-	- m	WHILE AT WORK	A	1		
	00 71			WORK AT WORK	10) 105	3/25	10.15.	. 7
		y certify that Latt			700			t I last saw the
	deceased al		_, 19	and that death occur	3B. ADDRESS	from the causes and		
	70-	lu a. Sh	шни	K M.D. /	3372.00	usely SV.	3	27 53
TI	AA. BURTAL, C	REMA- 24B. DATE peeify)	E T	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City,	town, or com	inty) (State)
B	urial	3-28-19		Cedar Hil		Brooklyn,		Md .
	ATE RECEIVED	RAR		LACAL	25. FUNERAL DIR	ECTOR		RESS
1300	AND TO TAK	CAR COM		MALL LILLS ALL	# HOWEN'S SI	mone 3007 1	17 31 and	-la Assa

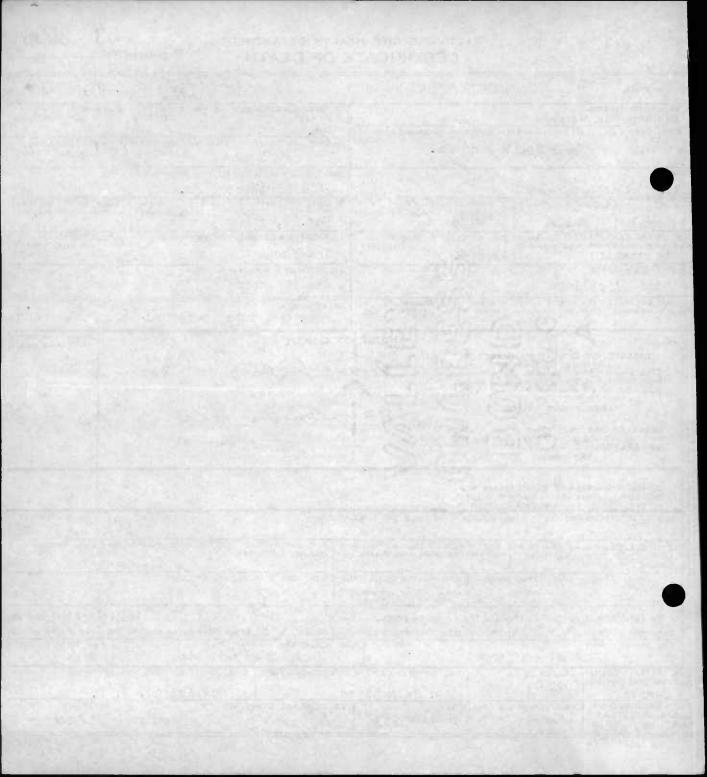
Dr J. A Schoolich 1337 S. Charks St 7/8/8 100 Pm

6	55
3	3098

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3098
Registered No.

BIRTH NO.	CERTIFICAT	L OF BEATH
. NAME OF DECEASED Type or Print)	MINNIE KEHRMAN	2. DATE OF Mar. 27, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit. HOSPITAL OR	al or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission) Md.
nstitution 5601 Sout	ch Bend Rd.	Baltimore (Houside tolphate limes, while Shall and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	5601 South Bend Rd.
female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	Mar. 8, 1880 73
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even If retired) housewife	at home	New York
13. FATHER'S NAME Simm Glicklich		Eva (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or onknown) (If yes, give wer or date NO	of service) 16. SOCIAL SECURITY NO.	Mrs. Benjamin Abeshouse-5601 South Bend
heart failure, asthenia, etc. It mea injury or complication which complication which complication which complication which complies to the ABOVE CAUSE (A) UNDERLYING CONDITION LAD UNDERLYING CONDITION LAD COMPLET SIGNIFICANT CONDITION C	F ANY, GIVING STATING THE DUE TO	pertenir Cardiac 2 years
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION		RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, fectory, street, office bldg., (Hour) 21E. INJURY OCCURR	etc.) INJURY OCCUR?
INJURY (Month) (Day) (Tear)	m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I att deceased alive on 3/27 23A. SIGNATURE	, 19 5, and that death occu	rred at 11 H. m., from the causes and on the date stated above. 23E. ADDRESS 23. Endead of the signed of the sig
24A. BURIAL, CREMA: 78 DATE TION, REMOVAL (Specify) Removal 3/27/53	Mt. Maimonid	
	S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150		Caselo 17, Md.



(Coul	Dispose	<i>></i>	TWODE CITY HE	EALTH DEPARTMENT		53 3099
3/ 3099 SIRTH NO.	3-06	8 32	CERTIFICATI		Registered	No
. NAME OF DI Type or Print)	Baby G:	nL	Fitter		2. DATE OF DEATH 3	-21-53
B. PLACE OF DI	ity, Maryland			4. USUAL RESIDENCE	Where deceased lived. B. COUNTY	If institution: residence before admission)
B. FULL NAME		tal or institut	ion, give street address or location)	C. CITY-OR TOWN (I	foutside gorporate in	ts, write RURAL and give
NSTITUTION	JOHNS HOPE	KINS HOS	SPITAL	Batti	more!	township)
	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (II	tockton	St.
F. SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	3 - 21 - 5 3	9. AGE (In years last birthday)	Months Days Hours Min.
	CUPATION (Give kind of f working life, even if retired)		O OF BUSINESS OR INDUSTRY	Balto. Mar		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME		<u> </u>	14. MO) HER'S MAIDEN +	Fitter	
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HO	PKINS HOSPIT	ADDRESS
18. 762.	5		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION LEADING TO DEA	TH	And	Fix		2 hr
heart failu	not mean the mode re, asthenia, etc. It mes complication which	ans the diseas	g., (A)		· • · · · · · · · · · · · · · · · · · ·	
A Part of the Part	ANTECEDENT CAU					2 1
			(B)	lectasis		L nr.
RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION L	STATING TH		maturity		
U U			(C)		***************************************	***************************************
DISEASES RISE TO TUNDERLY UNDERLY OTHER STRIBUTING	II IGNIFICANT COND	ITIONS CO	N -			
TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATI	ŁD .	•••••		
I 19A. DATE C	114	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
	ENT WAS UNDER . R CONTRIBUTING DEATH NO		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City	, give exact location)
21D. TIME	Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?	
		m.	WORK NOT WHILE		11 0 1	
	y certify that I at	tended the	deceased from	rred at 3 2 m., from	- PM 3 - 2/19	that I last saw the
deceased at		-,19 5 7,		JOHNS HOPKINS		23c. DATE SIGNED 3-21-53
24A. BURIAL, C	CREMA- pecify) 24B. DATE		24C, NAME OF CEMETE		LOCATION (City, tov	
DATE RECEIVE		'S SIGNATI	URE	25. FUNERAL DIRECTOR		ADDRESS
VS 150	34 Thu	Vington	Villegues, M	<u> </u>		
,5 150		U				

1 1 -1 5 - 5 at frit Change Lych tomate and a struct Lexword. directioning. CONTROL OF HOME AND AND THE HEAVEN HOW CONTROL OF THE SERVICE OF T The state of the s EUROS NOTES EN SULLENGE DE LA PORTE DE LA

	Habital Disposal	2	F0	0:00
4		E OF DEATH	Registered No.	3100
1. (T)	NAME OF DECEASED Ope or Print) D. Jan. Winl, Hammen		2. DATE OF DEATH Wom In	19,1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Whe	ere deceased lived. If instit	ution: residence before admission)
В. І	FULL NAME OF (If not in hospital or institution, give street address o	md.	Baltin	- A Commo
	SPITAL OR location	C. CITY OR TOWN (If ou	tside corporate limits, wri	te RURAL and give township)
3	OHNS HOPKINS HOSPITAL	Reistenstum		
c.	Yrs. Mos. Length of stay in Baltimore Days	B . + +	Road Road	300
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		AGE (In years I Under last birthday) Months	
F	emple White Timple,	3-19-53		1
10. work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	IE I	
	William Hammand	Francisco		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDR	ESS
(100	, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	TO THE CHAIS HOPKINS	HOSPITAL	
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	tele Harris		NTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		In Baltimore City, give	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
	TINJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from		14 1953 th	at I last saw the
	deceased alive on 3-18, 1932, and that death occi	rred at 907 Pm. from the	causes and on the de	
	23A. SIGNATURE M. D.	23B ADDRESS HOPKINS HO	23	3/20/63
2.4 TIC	A. BURIAL, CREMA- N, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMET		ATION (City, town, or co	unty) (State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AD	DRESS
	Vs 150			

A Charles M.

BALTIMORE CITY	HEALTH DEPARTMENT 53 3101
3RTH 30101 CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Joseph Vincu	2. DATE OF March 25, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location)	on) C. CITY OR TOWN (If outside corporate limits, write AURAL and give
South Baltimore Greneral Hospital	Baltimare (township)
c. Igth of stay in Baltimore GOMO. Da	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (in years if Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
18 WAS DECEASED EVER IN U. S. ARMED FORCES? (16, no or unknown) (If yee, give war or dates of service) SECURITY NO	D. 17. INFORMANT OF ADDRESS
18. 420.0 CAUS	E OF DEATH
DISEASE OF CONDITION DIRECTLY	erioscherotic Heart Disease 2 yrs.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED Witching	bleading etjology undeterminal
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, etreet, office bl	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	IRRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WH WORK AT WO	
22. I hereby certify that I attended the deceased from A	1arch 13, 1953, to March 25, 1953, that I last saw the
deceased alive on March 25, 19 53, and that death oc	ccurred atm., from the causes and on the date stated above
23A. SIGNATURE Willsonway M. D.	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMI	ETERY OF CREMATORY 240. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) 24B. DATE

rauna 2.7 ADDRESS DATE RECEIVED BY

LOCAL REGISTRAR VS 150

MARCH 18 Contra destas. - most Rice Pathedal Winglish on the

354 3102

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3102

1. NAME OF DECEASED (Type or Print) 2. DATE OF Mar. 27, 1953 DAVID EUGENE MC KINLEY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US PUBLIC Health Service location)
INSTITUTION Hospital C. CITY OR TOWN (If outside conported limits writ RUPAL and give township) Ral timore Wyman Pk. Drive & 31st Street D. STREET ADDRESS (If rural, give location) Yrs. Mos 1718 Abbottston St. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years li Under 1 Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 3/21/46 6 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugene Mc Kinley Viola Crowther 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Records - US PHS Hospital, Balto. Md. INTERVAL BETWEEN CAUSE OF DEATH 204.3 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Acute leukemia 12 mos. heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! Mar. 11 _, 19 53to Mar. 27 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ Mar. 27,19 53, and that death occurred at 5:05A m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED unles US PHS Hospital, Balto, Md. clinical nirector Hunter 24A. BURIAL, CREMATION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Bureas DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

THE PERSON OF DES The real property of the same A STATE OF THE PROPERTY AND A STATE OF THE S

I UNF	Physi
WITH	rtant.
WRITE PLALY.	y important.
PL PL	peciall
WRITE	age is especially
PLEASE	a
PLE	orrect

3	BI		E OF DEATH Registered No.	3103			
		NAME OF DECEASED ype or Print) ROSETTA WALTON	2. DATE OF DEATH March	261953			
	A.	PLACE OF DEATH: Baltimore City, Maryland Balto. City FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If inst				
	H	SPITAL OR STITUTION Baltimore City Morgue	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)			
15.		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
190	-	Length of stay in Baltimore L116 Days	1409 Tenpin Alley				
7 7	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Month	r I Year II Under 24 Hours B Days Hours Min.			
3	10	Female Colored Widow A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	July-12-1881 71 11. BIRTHPLACE (State or foreign country) 12	CHERTEN OF			
411	work	dooe during most of working life, even if retired) INDUSTRY		. CITIZEN OF WHAT COUNTRY?			
212		nusewife Home	Baltimore U.	S.A.			
77.7		William W Book					
n c		William F. Bush . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Martha Pinkney 17. INFORMANT ADDI	RESS			
70	No	, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Jomei Lockett 824 Tysue St				
2007			OF DEATH	INTERVAL BETWEEN			
200		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
2112			alcoholism				
24		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
		ANTECEDENT CAUSES					
2	z	DISEASES OR CONDITIONS, IF ANY, GIVING					
DIG.	NOIL	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
•	4	(C)					
Jarotan	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
:	AL			YES X NO			
יייי במיו	EDIC/	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.		exact location)			
7	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Th. WORK AT WORK					
		22. I certify that I took charge of the remains described of		hereon and from			
Cap.		the evidence obtained by said Autopsy, Inspection or land death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the configuration \square , suicide \square , homicide \square , under \square , where \square is \square .	lay stated above, etermined .			
180 13			D. ASSISTANT MEDICAL EXAMINER MAR	ch 26, 1953			
2	2.4 TIO	A. BURIAL, CREMA- 24B. DATE 200. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or o	county) (State)			
211		Burial 3/28/1953 Mt Calvery C	em. Brooklyn Md.				
2	LC	CAL REGISTRAR SIGNATURE	Elingo. Wilson 1000 Bi	satyen			
	V	\$ 151					

correct

5-520	BALTIMORE	CITY HEALTH I	EPARTMENT		53
BIRTH NO.	CERTI	FICATE OF I	DEATH	Register	ed No.
1. NAME OF DECEASED (Type or Print)	Louis	THOM	145	2. DATE OF DEATH	3/
3. PLACE OF DEATH: A. Baltimore City, Marylar B. FULL NAME OF finetin	nd Bells What hospital or institution, give stre	A. STATE		Where deceased live	
HOSPITAL OR INSTITUTION Batter	were City mor	location) C. CITY	Paltin	f outside orporate	Limite, V
c. Length of stay in Baltim	nore 7	Yrs. D. STREE	n ADDRESS (I	f rural, give location	1
5. SEX 6. COLOR OR	RACE 7. SINGLE, MARRIED WIDOWED, DIVOR	CED (Specify) 8. DATE	P BIRTH	9. AGE (in year ast hirthday)	Montl
10A. USUAL OCCUPATION (Giver working life, even in		IESS OR 11. BIRT	PLACE (State or	foreign country)	12
13. FATHER'S NAME	Exice	14. MOTH	enfit	NAME	
15. WAS DECEASED EVER IN U. S. (Yes, no or unknown) (If yes, give was		AL RITY NO. 17. INFO	RMANT F)	ADD
OISEASE OR CONDITION (This does not mean the heart failure, asthenia, etc. injury or complication v ANTECEDENT	D DEATH mode of dying, e.g., It means the disease, which caused death.) CAUSES (B)		SCIERO PRT L	TIC DISEAS	s E
DISEASES OR CONDITION RISE TO THE ABOVE CAU UNDERLYING CONDITION	SE (A) STATING THE DUE T ION LAST.	0			
<u> </u>	COMPLETIONS				
OTHER SIGNIFICANT TRIBUTING TO THE DESEASE OR CON	H, BUT NOT RELATED IDITION CAUSING IT				
OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR CON 19A. DATE OF OPERATION	H, BUT NOT RELATED IDITION CAUSING IT				
OTHER SIGNIFICANT TRIBUTING TO THE OBATH TO THE DISEASE OR CON 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE W UNDERLYING OR CON UNDERLYING OF OPERATION 11 ING OF CAUSE OF DELIVER OF DELI	H. BUT NOT RELATED ADITION CAUSING IT. 19B. MAJOR FINDINGS AS 21B. PLACE OF INJ ITRIB. about home, farm, factory, str	URY (e. g., in or 21c. '	WHERE DID	(If in Baltimore Ci	ity, give
OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR CON 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE W UNDERLYING OR CON	H. BUT NOT RELATED ADITION CAUSING IT. 1 19B. MAJOR FINDINGS AS 2 1B. PLACE OF INJ About home, farm, factory, str EATH.	URY (e. g., in or 21C. \ reet, office bldg., etc.)			. give
OTHER SIGNIFICANT TRIBUTING TO THE OEATH TO THE DISEASE OF CON 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE W UNDERLYING OF CON UTING CAUSE OF D 21D. TIME (Month) (Day) OF INJURY 22. I certify that I took the evidence obtain	AS about home, farm, factory, str. (Year) (Hour) 21E, INJUR WHILE AT	URY (e. g., in or leet, office bldg., etc.) Y OCCURRED NOT WHILE AT WORK described above, helection or Inquiry.	HOW DID INJURA d an Autous, and that sail	OCCUR?	airy n the

3104

institution: residence before admission)

write RULAL and give township)

fi Under 1 Year | If Under 24 Hours onths Days | Hours Min.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

thereon and from

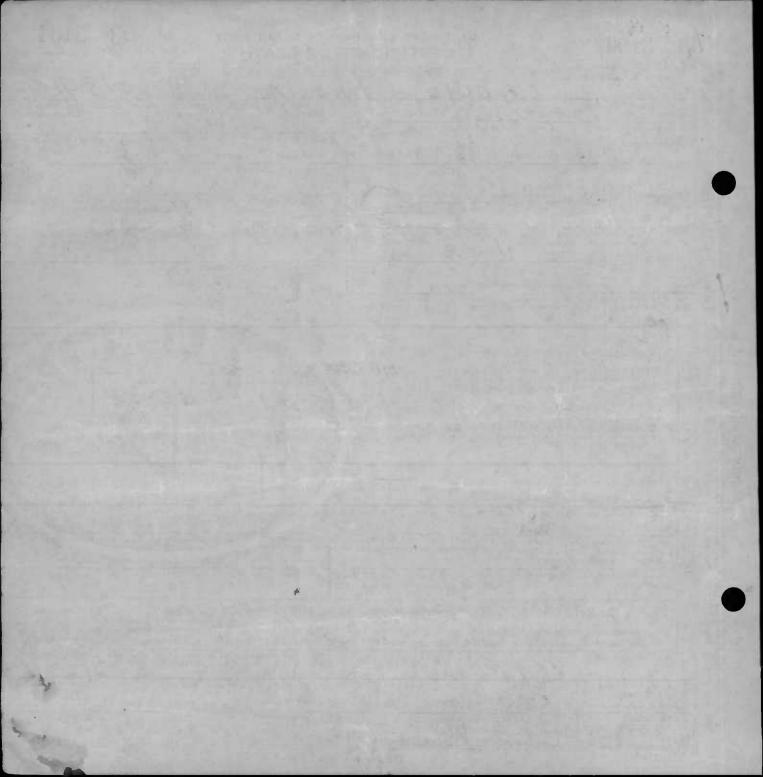
YES give exact location)

NO X

12. CITIZEN OF

DDRESS

he day stated above, undetermined E RECEIVED BY LOCAL REGISTRAR VS 151



RITE PLANKY, WITH UNFADING INK. Every item of inform is especially important. Physicians: please write the causes of de-	WRITE PLANCY, WITH UNFADING INK. Every item of infige is especially important. Physicians: please write the causes of	SE WRITE PLANKY, WITH UNFADING INK. Every item of inf t age is especially important. Physicians: please write the causes of	PLEASE WRITE PLANLY, WITH UNFADING INK. Every item of inform correct age is especially important. Physicians: please write the causes of de	Z	ori	E de
RITE PLANKY, WITH UNFADING INK. Every item of its especially important. Physicians: please write the causes	WRITE PLANLY, WITH UNFADING INK. Every item of ge is especially important. Physicians: please write the causes	SE WRITE PLANKY, WITH UNFADING INK. Every item of t age is especially important. Physicians: please write the causes	EASE WRITE PLANKY, WITH UNFADING INK. Every item of rect age is especially important. Physicians: please write the causes	9	inf	5 01
RITE PLANLY, WITH UNFADING INK. Every item is especially important. Physicians: please write the car	WRITE PLANLY, WITH UNFADING INK. Every item ge is especially important. Physicians: please write the car	SE WRITE PLANLY, WITH UNFADING INK. Every item t age is especially important. Physicians: please write the car	EASE WRITE PLANKY, WITH UNFADING INK. Every item rect age is especially important. Physicians: please write the can	דות	of	ises
RITE PLANKY, WITH UNFADING INK. Every it is especially important. Physicians; please write the	WRITE PLANKY, WITH UNFADING INK. Every it	SE WRITE PLANKY, WITH UNFADING INK. Every it age is especially important. Physicians: please write the	EASE WRITE PLANLY, WITH UNFADING INK. Every it rect age is especially important. Physicians: please write the	11.	em	cal
RITE PLANKY, WITH UNFADING INK. Ever is especially important. Physicians: please write	WRITE PLANCY, WITH UNFADING INK. Ever ge is especially important. Physicians: please write	SE WRITE PLANKY, WITH UNFADING INK. Ever t age is especially important. Physicians: please write	EASE WRITE PLANKY, WITH UNFADING INK. Ever rect age is especially important. Physicians: please write	4	y it	the
RITE PLANKY, WITH UNFADING INK. E is especially important. Physicians: please wr	WRITE PLANLY, WITH UNFADING INK. E	SE WRITE PLANLY, WITH UNFADING INK. Et age is especially important. Physicians: please wr	EASE WRITE PLANKY, WITH UNFADING INK. Errect age is especially important. Physicians: please wr	7	ver	ite
RITE PLANK, WITH UNFADING INK. is especially important. Physicians: please	WRITE PLANKY, WITH UNFADING INK.	SE WRITE PLANKY, WITH UNFADING INK. t age is especially important. Physicians: please	EASE WRITE PLANKY, WITH UNFADING INK. rect age is especially important. Physicians: please	4	A	Wr
RITE PLANKY, WITH UNFADING IN is especially important. Physicians: plea	WRITE PLANKY, WITH UNFADING IN	SE WRITE PLANKY, WITH UNFADING IN t age is especially important. Physicians: plea	EASE WRITE PLANKY, WITH UNFADING IN rect age is especially important. Physicians: plea		K.	ise
RITE PLANKY, WITH UNFADING is especially important. Physicians:	WRITE PLANLY, WITH UNFADING ge is especially important. Physicians:	SE WRITE PLANKY, WITH UNFADING t age is especially important. Physicians:	EASE WRITE PLANKY, WITH UNFADING rect age is especially important. Physicians:		K	plea
RITE PLANLY, WITH UNFADII is especially important. Physician	WRITE PLANKY, WITH UNFADII ge is especially important. Physician	SE WRITE PLANKY, WITH UNFADII t age is especially important. Physician	EASE WRITE PLANKY, WITH UNFADII rect age is especially important. Physician		NG	100
RITE PLANKY, WITH UNFA	WRITE PLANLY, WITH UNFA	SE WRITE PLANKY, WITH UNFA	EASE WRITE PLANKY, WITH UNFA	3	DI	ian
RITE PLANKY, WITH UN is especially important. Phy	WRITE PLANKY, WITH UNge is especially important. Phy	SE WRITE PLANLY, WITH UNIT age is especially important. Phy	EASE WRITE PLANLY, WITH UNrect age is especially important. Phy		FA	ysic
RITE PLANKY, WITH is especially important.	WRITE PLANLY, WITH ge is especially important.	SE WRITE PLANKY, WITH t age is especially important.	EASE WRITE PLANKY, WITH rect age is especially important.	i	S	Ph
RITE PLANKY, WIT	WRITE PLANKY, WIT	SE WRITE PLANKY, WIT age is especially importan	EASE WRITE PLANKY, WIT		H	نہ
RITE PLANLY, 1 is especially impor	WRITE PLANLY, re is especially impor	SE WRITE PLANLY, It age is especially impor	EASE WRITE PLANKY, rect age is especially impor		MI	tan
RITE PLANE, is especially im	WRITE PLANE	SE WRITE PLANE.	EASE WRITE PLANE.		7	DOL
RITE PLAN	WRITE PLAN	SE WRITE PLANT t age is especially	EASE WRITE PLANTING THE ASSECTION OF THE		H	im
RITE PL	WRITE PL	SE WRITE PL	EASE WRITE PL			lly.
RITE is espe	WRITE ge is espe	SE WRITE	EASE WRITE		PL	ecia
RI	WRI'	SE WRIT	EASE WRI		图	espo
	W	SE W	EASE W		RI	SI

3	CERTIFICATION CE	EALTH DEPARTMENT E OF DEATH Registered No. 3105
	NAME OF DECEASED 'ype or Print') ORBAN T. NOBLE	E 2. DATE OF DEATH March 25, 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admissi
B. I	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate limits, write H. B. K. Alband J.
	Baltimore City Morgue	Baltimore fownsh
C.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 2319 N. Calvert Street
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year It Under 24 it Under Months: Days Hours: M
10/	Male White MAHNIED A. USUAL OCCUPATION (Give kind of doing during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13	Forme of Mable	14. MOTHER'S MAIDEN HAME M. Jacks
15 (Yes	S. WAS DECEMBED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mare E Nuble Dreed Still Pa
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) Intrace (A) DUE TO	OF DEATH INTERVAL BETWONSET AND DECRAPION ON SET AND DECRAPION OF DEATH ON SET AND DECRAPION OF DEATH
,	ANTECEDENT CAUSES (B)	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
L CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY
EDICAL	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (c. g., it about bome, farm, factory, street, office bldg., turning Cause of Death.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	
	III. WORK L. AT WORK	In the same

22. I certify that I took charge of the remains described above, held an ___AUTOPSY

thereon and from

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \square , suicide \square , homicide \square , undetermined \square . 23c. DATE SIGNED

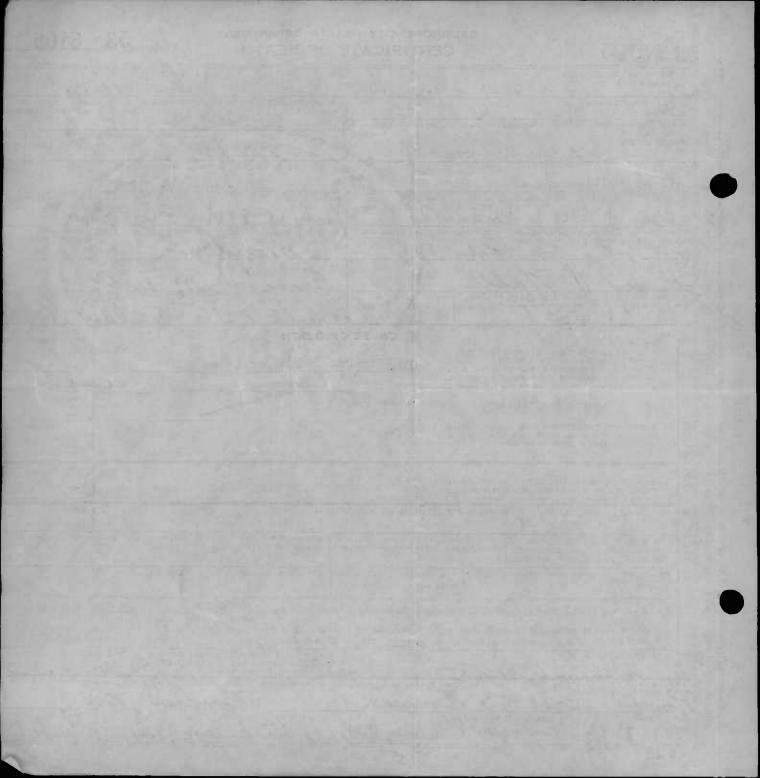
BURIAL CREMA-24B. DA

23B CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

REMOVAL (Specify) RECEIVED BY

LOCAL REGISTRAR

V S 151



	162				
1	3 3106	BALTIMORE CITY HE		Registered N	3 3106
ВІ	RTH NO.	CERTIFICATE	E OF DEATH	icegistered N	0
	NAME OF DECEASED (pe or Print)	Ruf. Beavers		OF DEATH 3 2	153
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If is	estitution: residence before admission)
HC	FULL NAME OF (If not in hospital or SPITAL OR STITUTION	institution, give street address or location)	c. CITY OR TOW	outside corporate limits,	write RURAL and give
114	University to	spital	6.00	ecott lity	township)
3 c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS OF	lla Aver	rul
5.		SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Nov. 4, 1883.		ths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	Notal NOUSTRY	11. BIRTHPLACE (State or fo	regn country)	WHAT COUNTRY
13	FATHER'S NAME LE	Cole	14. MOTHER'S MAIDEN NA	Mary Nic	holson
	. WAS DECEASED EVER IN U. S. ARMED FO. , no or unknown) (If yes, give war or dates of se		17. INFORMANT Um C. Bears	es Basad	DRESS and.
	18. 201×		OF DEATH	,	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR LEADING TO DEATH		dolcino Du		
	(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	he discase,	eignins Lise	2.S.C	*****
	ANTECEDENT CAUSES	ed death.) DUE TO			
Z	DISEASES OR CONDITIONS, IF AN	(B)		·····	
¥ E	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	TING THE DUE TO			
E C		(C)		++	
CERTIFICATION	OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT	RELATED			
	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL	The second secon	DIACE OF INJURY (In	- 1 210 WHERE DID. (I	f in Daltimore City of	YES NO L
MEDI		21B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e		f in Baltimore City, g	ve exact location)
	21D. TIME (Month) (Day) (Year) (Horizontal)	WHILE AT NOT WHILE	ED 21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attend		19 53, to	3/26,195	3 that I last saw the
	deceased alive on 3/26, 1	953. and that death occur	red at 550 Pm., from th		e date stated above
	23A. SIGNATURE	Taxoal M.D. 2	Chicersity If	Sitiare	3 26/53
24 TIC	A. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE		OCATION (City, town,	or county) (State)
		133. 000 Shippe	25 FUNERAL DIRECTOR	con kuy,	ADDRESS
	NAR 271883 + + to	Allians Mr.	Easton Sond,	Ellicott &	ity, md.
	VS 150	0348	PT		1

	17 5		- 10					
-	160	C) MAY	BAL	TIMORE CI	TY HE	ALTH DEPARTMENT	53	3107
0	3 31	07				OF DEATH	Registered No	0107
_	NAME OF D	ECEASED :						
	ype or Print)		s Les	1:1= H	4001	1.015	2. DATE OF DEATH 3-2	(=,0=)
	PLACE OF D	EATH:				4. USUAL RESIDENCE (Where deceased lived. If in	
	FULL NAME	City, Maryland OF (If not in hospit	tal or institution	on, give street a	ddress or	MARYLAND	B. COUNTY	before admission)
H	STITUTION		,		location)	c. CITY OR TOWN (1	f outside corporate limits,	
51		nKLin Squi	are Hos	pital)	70.A	BALTIMOR		township)
		0	,	0-	Yrs. Mos.		rural, give location)	+
S.	sex	tay in Baltimore	41	FC	Days		MbARD S	
5.	4015	6. COLOR OR RACE		ED, DIVORCED	(Specify)	8. DATE OF BIRTH		ths Days Hours Min.
	A. USUAL OC	CUPATION (Give kind of	10B. KIND	PIE &	S OR	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF
		of working life, even if retired)		. INC	STRIBUT	M.	" d	WHAT COUNTRY?
_	FATHER'S		1/2	V131070 01	/MI	14. MOTHER'S MAIDEN N	IAME	90.11.
	1/1	DOMAS H	OOK!	15	6.16	Mu Kin	(1)	
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	=	17. INFORMANT	AD.	DRESS
(10	No	(If yes, give war or date	of gervice)	SECURIT	Y NO.	HELEN M. HOPK		Lombard St.
	18. LLIE	£ .		CA	USE C	OF DEATH	(INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	h	10	U- 00	125	ONSET AND DEATH
	(This does	not mean the mode	of dying, e.g.	(A)	here	matre and	20 00g. Vs	also Dyra
	injury or	re, asthenia, etc. It mes complication which o	aused death.)	OUE TO	1			
		ANTECEDENT CAUS	SES	-	+ , 0	eee and in his	ATE	1000
Z	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)		7		7
ATION	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	OUE TO				
ᄓ				(C)	**************	***************************************	***************************************	••••
RTIF		11						
ER	TRIBUTING	IGNIFICANT CONDI	NOT RELATED					
O		F OPERATION		FINDINGS O	E OPERA	TION		20. AUTOPSY?
CAL	IOA. DATE O	-	OB. MADOR	1 111011103 01	I OFERA	RIION		YES NO P
兴		ENT WAS UNDER-	21B. PLAG	CE OF INJURY	Y (c. g., in	or 21c. WHERE DID (If in Baltimore City, gi	
	CAUSE OF		about home, ra	111,140,001 3,801 600,0	THE DICK ., OF	and the state of t		
	210. TIME (Month) (Day) (Year	(Hour) 2	1E. INJURY O	CCURRE	D 21F, HOW DID INJUR	Y OCCUR?	HOLE THAT I
	_/			WORK N	OT WHILE			
	22. I hereb	y certify that I at	tended the c	leceased from	n 1 -	21 1953, to 3	3-25,183	that I last saw the
	deccased al	ive on 3.21	, 1 <u>253</u> , a	nd that deat	h occurr	redat 10 M., from	the causes and on the	date stated above.
	23A. SIGNA	TURE SIL	our o	1	23	SE CODRESS	9,000	23c. DATE SIGNED

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

24B. DATE

REGISTRAR'S SIGNATURE

undenskon

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHELRAL BALTINORE,
25. FUNERAL DIRECTOR

Md.

240. LOCATION (City, town, or county)

George L. Schwab 2101 Frederick AUE.

-620				
53 3108 BIRTH NO.		EALTH DEPARTMENT E OF DEATH	Registered No.	3108
1. NAME OF DECEASED (Type or Print) HERBERT	HAANCIS KI	ROUSE	2. DATE OF DEATH 3-26	-53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wh		titution: residence before admission)
HOSPITAL OR INSTITUTION	stitution, give street address or location)		utside eorporate limits w	rite RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If ru		
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED, IDOWED, DIVORCED (Specify)	"		or 1 Year M Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during moet of working life, even if retired) 10B. FICKLAYER 13. FATHER'S NAME	dy. Construction	11. BIRTHPLACE (State or fore	niA 1	CITIZEN OF
A - M Ka	s E	MARGARET S	AVLOR	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT Theresa A. Krouse	ADDI	RESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., (A) Cor	ordery Occle		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	GIVING (B)	perlensive Card	io Vasc Deseau	3 415
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATEO			
19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING OR CONTRIBUTING about	B. PLACE OF INJURY (c. g., i home, farm, factory, street, office bldg.,	a or 21c. WHERE DID (If	in Baltimore City, give	exact location)
ZID. TIME (Month) (Day) (Year) (Hour INJURY) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK			
22. I hereby certify that I attended deceased alive on 3/26, 195	3. and that death occur	746, 19, to 3, rred at 4:45Am., from the		date stated above.
Loward D. Kal	M.O.	4300 Liberty H:	to lev	3/26/53
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	BALTIMORE N	RY OR CREMATORY 24D. LOC	LTIMORE,	eounty) (State)
DATE RECEIVED BY REGISTRAR'S SIG LOCAL REGISTRAR		25. FUNERAL DIRECTOR GEORGE L. Schwa	OAI	DERICK AUG
VS 150	504 2	4		

	153						
-	33 3109	BALTIMORE CITY HE CERTIFICATE		Registered :	53	3109	
1. (T	NAME OF DECEASED Williams	im Thorn	ton	2. DATE OF DEATH	271	13	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE ()	Where deccased lived is		: residence fore admission)	
H	FULL NAME OF (If not in hospite SPITAL OR 25/14 Res	d or institution, give street address or location)	10) 16.	f outside corporate lim	ts write RI	ht Lam give township)	
c.	Length of stay in Baltimore	Yrs. Mos. Days		Rayner	an	•	
5.	Male Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widiwer	8. DATE OF BIRTH	last birthday) M	Il Under 1 Year onths Days	Hoors Min.	
vorl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Retired FATHER'S NAME	108. KIND OF BUSINESS OR INDUSTRY Farm Laborer	11. BIRTHPLACE (State or f Maryland 14. MOTHER'S MAIDEN N		12. CITIZ WHA	ZEN OF T COUNTRY!	
	Unknown		Unknown	IAME			
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED p, no or unknown) (If yee, give war or dates NO		17. INFORMANT Loretta Walker, 25		e. Ral	to. Md	
IFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY TH d dying, e. g., ns the disease, aused death.) SES F ANY, GIVING STATING THE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	nevalize of Av	toriosclar	ONSE	RVAL BETWEEN T AND DEATH	
CERTI	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT.				AUTOPSY?	
EDICAL	194 DATE OF OPERATION A 198 MAJOR FINDINGS OF OPERATION						
MEDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		If in Baltimore City,	give exact	location)	
2	21D. TIME (Month) (Day) (Year) TINJURY	(Hour) 21E. INJURY OCCURRE while at not while work at work	21F. HOW DID INJUR	Y OCCUR?			
	22. I hereby certify that I att deceased alive on man 27 23A. SCONATURE	, 1953, and that death occur		the causes and on	the date s		

Locust Chapel

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

F.C. Higinbothom, Ellicott City, Md.

Simpsonville, Md.
ADDRESS

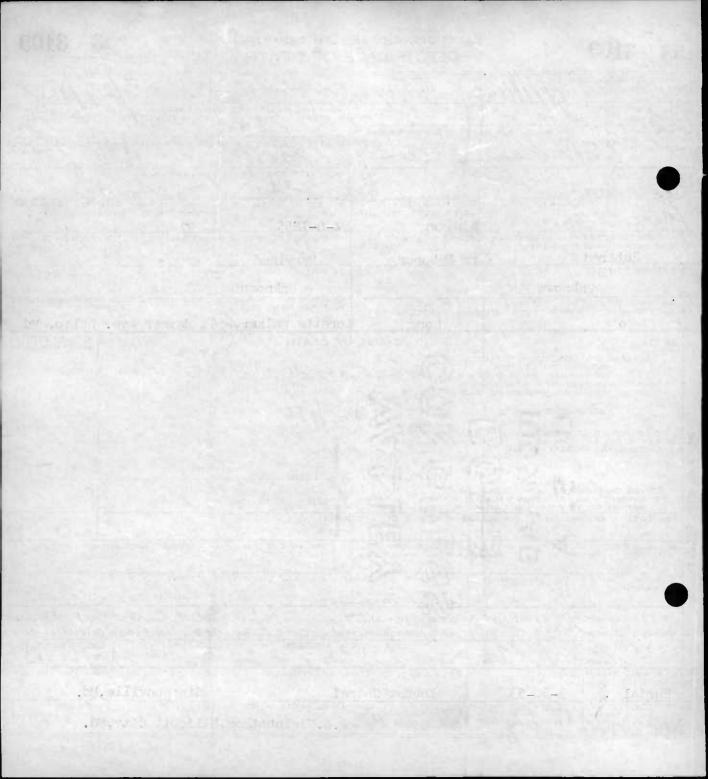
DATE RECEIVED BY LOCAL REGISTRAR VS 150

24A BURIAL, CREMA-TION, REMOVAL (Specify)

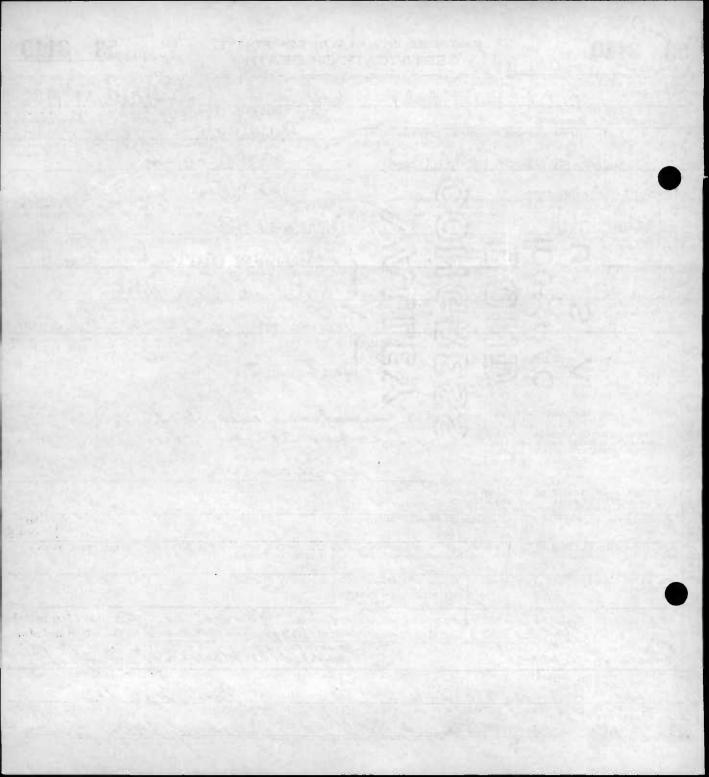
Burial

3-30-53

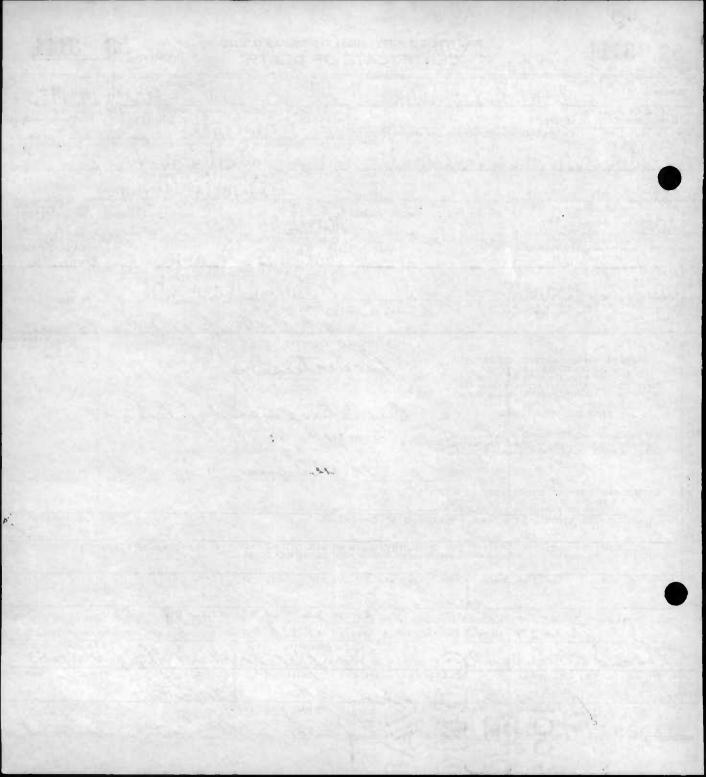
REGISTRAR'S SIGNATURE



53 3110 BALTIMORE CITY HEALTH DEPARTMENT Registered 53 3110									
BIRTH NO. 3 3 - 0 7357 CERTIFICATE OF DEATH Registered No. 3 3110									
1. NAME OF DECEASED 2. DATE W									
(Type or Print) BABY DOY HAUCK (A) OF DEATH NOV	WW 27 1953								
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)								
B/FULL NAME OF (If not in hospital or institution, give street address or	Caltinum								
HOSPITAL OR LOCATION C. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give township)								
Yrs. D. STREET ADDRESS (16 rural, give location)									
c. Length of stay in Baltimore — Mos. Days 1782 Western Welling	5355								
5. SEX 6. COLOR PRACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH, 9. AGE (In years)	Il Under I Year It Under 24 Hours Months: Days Hours: Min.								
March 26 1950	13								
10A. USUAL OCCUPATION (Give kind of work ind of work in done during most of working life, even if retired) INDUSTRY	12 CITIZEN OF								
- Pattury- Maryland	1 1.3.6.								
FATHER'S NAME	1								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	W								
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS C.2 Minton								
18. 77/ CAUSE OF DEATH	INTERVAL BETWEEN								
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH								
(This does not mean the mode of dying, e.g., (A)									
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
ANTECEDENT CAUSES									
Z O DISEASES OR CONDITIONS, IF ANY, GIVING									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO LANGE 30 CPL (C) (C) (C)									
O Lucke and									
OTHER SIGNIFICANT CONDITIONS CON									
TO THE SIGNIFICANT CONDITIONS CON- U TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?								
V	YES NO								
YES NO YES NO 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?									
Z									
Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?									
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT	that I last sam the								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 26, 1953 to 27, 18	3, that I last saw the the date stated above.								
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT									
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from May 26, 1953, to May 27, 1953, and that death occurred at 407 m., from the causes and on 28 SIGNATURE. M. D. May 21E. HOW DID INJURY OCCUR?	the date stated above. 23c. DATE SIGNED 427.53								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Not WHILE AT WORK 24. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the deceased from Not WHILE AT WORK 25. I hereby certify that I attended the dec	the date stated above. 23c. DATE SIGNED 427.53								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 26, 1953, to 27, 1964, and that death occurred at 407 m., from the causes and on 28. SIGNATURE 24B. DATE 24C. NAME OF CEMETERY OF REMATORY 24D. LOCATION (May, towns)	the date stated above. 23c. DATE SIGNED 427.53								
21D. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from May 26, 1953, to May 27, 19 deceased alive on 27, 1953, and that death occurred at 107 m., from the causes and on 28. SIGNATURE 24A. BÜRIAL. CREMA- TIEN, REMOVAL (Specify) AA. 25./953 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	the date stated above. 23c. DATE SIGNED 27n, or county) (State)								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from May 26, 1953, to May 27, 1953, and that death occurred at 407 m., from the causes and on 28B. ADDRESS M. D. 26B. AD	the date stated above. 23c. DATE SIGNED 27n, or county) (State)								



200					
53 3111 BALTIMORE CITY HEALTH DEPARTMENT Register	ered 53 3111				
1. NAME OF DECEASED BABY BOY HAUCK (B) 2. DATE OF DEATH W	arch 27" 1953				
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUN					
BAFULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate partial par	te limits, write RURAL and give township)				
Yrs. Mos. Days 1782 NOIM W.	ion)				
5. SEX A 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In ye	ay) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 10BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
PANTAL NO MONTHER'S MAIDEN NAME TO THE MAIN MANTER'S	l.				
15: WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS Winter Mrs.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	DNSET AND DEATH				
TRIBUTING TO THE DEATH, BUT NDT RELATED					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore labout home, farm, factory, street, office bldg., etc.)	City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK NOT WHILE NOT					
22. I hereby certify that I attended the deceased from 26, 193, to deceased alive on 27, 193, and that death occurred at f. 55 Am., from the causes and 234 SNATURE 23B. ADDRESS	that I last saw the don the date stated above.				
24A. AURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY DI CREMATORY 24D. LOCATION Lity TION, REMOVAL (Specify)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 28 1052 LOCAL REGISTRAR LOCA	ADDRESS ZOOF				



3112

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 31:42

ВІ	RTH NO.			LICITI ICATI	- OI DEAT		
	NAME OF DECEASE ype or Print) PE 7		BROM	IPITIS		2. DATE OF DEATH 3	-26-53.
3. A.	PLACE OF DEATH: Baltimore City, M				4. USUAL RESIDE	NCE (Where deceased lived	. If institution: residence before admission)
B. HO			l or institution	n, give street address or location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
114	1512	CYPR	ESS	\$7.		HORE 25	-0 J township)
~	Length of stay in	Raltimore		64 Mos.	D. STREET ADDRE	SS (If rural, give location)	
_		OR OR RACE	7. SINGLE.	MARRIED. Days	8. DATE OF BURT	9. AGE (In years	If Under 1 Year If Under 24 Hours
7	male W	lute	WIDOWE	D. DIVORCED (Specify)	JUNE 29,1	870 82	Months Days Hours Min.
10	A. USUAL OCCUPATI	ON (Give kind of life, even If retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
	TAVERNAEL	EPER.=	RISTIR	ED	LITHUAL	YIA	4.S.A.
13	FATHER'S NAME		150		14. MOTHER'S MA	IDEN NAME	
	MNOREU	J. HBR	OMBI	Tis	YNKM	10WX-	
15 (Ye	. WAS DECEASED EVER	IN U. S. ARMED give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1)	ADDRESS
	no			none.	MARGARET	ABROMAITIS /51	2 CYPRESS ST.
	18. 420.1		30 Dec.	CAUSE	OF DEATH	11	INTERVAL BETWEEN
	DISEASE OR	CONDITION D	DIRECTLY	A.		110 +	7
	(This does not me	NG TO DEAT	dying, e.g.,	(A)	und	y Taya	Island 3day
	heart failure, astho injury or complic	atlon which ca	aused death.)	DUE TO		/	
ь	ANTEC	EDENT CAUSI	ES	1	1		1 200
Z			11969	(B)	muc 1	WITCHEN	3 29CAZ
임	DISEASES OR CO	E CAUSE (A)	STATING THE	DUE TO	1	10	
Y	UNDERLYING CO	ONDITION LAS	5T.	(C) d	Verov	Telegram	
Ē					1		
RT	OTHER SIGNIFIC			120	11		
OE OE	TRIBUTING TO THE			- den	ellets	······	
Ľ	19A. DATE OF OPER	ATION 15	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
Y							YES NO
1EDIC	21A. ACCIDENT WALLYING OR CONT CAUSE OF DEATH			CE OF INJURY (e. g., in m, factory, street, office bldg., s			y, give exact location)
-	21D. TIME (Month) F INJURY	(Day) (Year)	(Hour) 2	E. INJURY OCCURR	D 21F. HOW DID	INJURY OCCUR?	
	MOOKI		m. WF	NOT WHILE		2/4	
	22. I hereby certi	fu that I att			195	To anand 15	that I last saw the
	degrased alive on	. / _/		nd that death occur	red at C 457m.		n the date stated above.
	234. SIGNATURE	121	11 //1		3B. ADDRESS	7/1	23c. DATE SIGNED
	1 XMM	10	Mille	2 M./M.D.	1221/-	Marley	17 14/33
TI	BURIAL, CREMA-	3 30/3	- 3	4C. NAME OF CEMETE		P. Talia Ha	wn, or county) (State)
D	ATE RECEIVED BY	REGISTRAR'S	SIGNATUR		55 25. FUNERAL DIR	ECTOR 112 /191	ADDRESS
	CAL REGISTRAR	Murtin	ston VY	Miacus, May	7/ . 1./	4111	2 Mallanous st
	L. CHARLES THE REAL PROPERTY.			* * *	MARLES W.	ACHAUSKAS 10	DITCHKY 31

THE STORES WITH THE RESIDENCE TO THE RESIDENCE OF THE STORES WITH THE RESIDENCE OF THE STORES OF THE

AB-158322
53 3113 BIRTH NO.
1. NAME OF DECEA (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3113

BIRTH NO.	الله الله الله الله الله الله الله الله		CERTIFICATI	E OF DEATH	Registered 1	NO	
1. NAME OF E		Mankha	0		2. DATE	2 0/ 2010	
		Martha	Cross		, DEATH	ch 26-1953	
	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution : residence before admission)	
B. FULL NAME HOSPITAL OR			ion, give street address or location)			-0	
INSTITUTION	Baltimore C 4940 Easter		spitals	Baltimore	12-	ts, wite URAL and give township)	
			Yrs.	D. STREET ADDRESS (If			
c. Length of s	stay in Baltimore		Days Days		ing Ave. zon		
F	6. COLOR OR RACE	WIDOW	E. MARRIED, ZED, DIVORCED (Specify)	July 8-1886		onths Days Hours Min.	
10A, USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
Weaver			n Mill	Maryland	Market Market	U S A	
13. FATHER'S			4-11-4-11-11	14. MOTHER'S MAIDEN N			
	Louis Wi			Keziah Barne	9		
15. WAS DECEAS Yes, no or unknown) No	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMATILIMOTE	City Hospit	ppress	
18. 170	20			Records: LOLO Tag	tern Ave.	INTERVAL BETWEEN	
1 10	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH	
	LEADING TO DEA	TH	Metasta	tie Carcinoma, B	rain		
heart faile	ure, asthenia, etc. It mea	ns the diseas	e,		A C1-4-2A		
injury or	complication which	aused death	DUE TO				
	ANTECEDENT CAUS	(B) Metastatic Carcinoma, Liver					
DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	IG			***************************************	
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH		oma, Left Breast			
نَ			(C)	Vaca, Doi'd Dieast		*******	
	11						
TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	D				
	OF OPERATION 1		FINDINGS OF OPER	PATION		20. AUTOPSY?	
4-16-	52	Simple	Mastectomy			YES NO	
21A. ACCIE	DENT WAS UNDER-		CE OF INJURY (e. g., i		If in Baltimore City,		
LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?		
FINJURY			WHILE AT NOT WHILE				
22 I havel		m.	WORK AT WORK		1-26- 105	2	
22. I hereby certify that I attended the deceased from 4-15-, 19 52 to 3-26-, 19 53, that I last saw deceased alive on 3-26-, 19 53, and that death occurred at 8 Pm., from the causes and on the date stated about							
23A. SIGNA	TURE		1 2	38. ADDRESS	ne causes and on i	23c. DATE SIGNED	
	1200	should		940 Eastern Ave.,	Baltimore, Md		
24A. BURIAL, TION, REMOVAL (S	CREMA- 248 DATE		24c. NAME OF CEMETE		OCATION (City, town		
Buria		0, 1953	Lorraine Par	rk Bal	timore Co.	Marvland	
DATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	b -9	ADDRESS	
MAR 28	1053 / Junting	ston /	Ellieme M2	Burgee Funeral	Home 3631	Falls Road	
VS 150	1000		10	- Norman C	4 10,14000	2	
			690 11	Sim: / 177//// 1/ 3 9	1/		

The state of the She Period AND ONE DESCRIPTION OF THE PARTY LIVANG TO JESAD aling one by bedaton he as TOY BE PROPERTY OF LANGE OF The State of the Communication of the state over the second like over the second Large No. 1991 - Car I Liver PRINCE VOL. LET LEGE

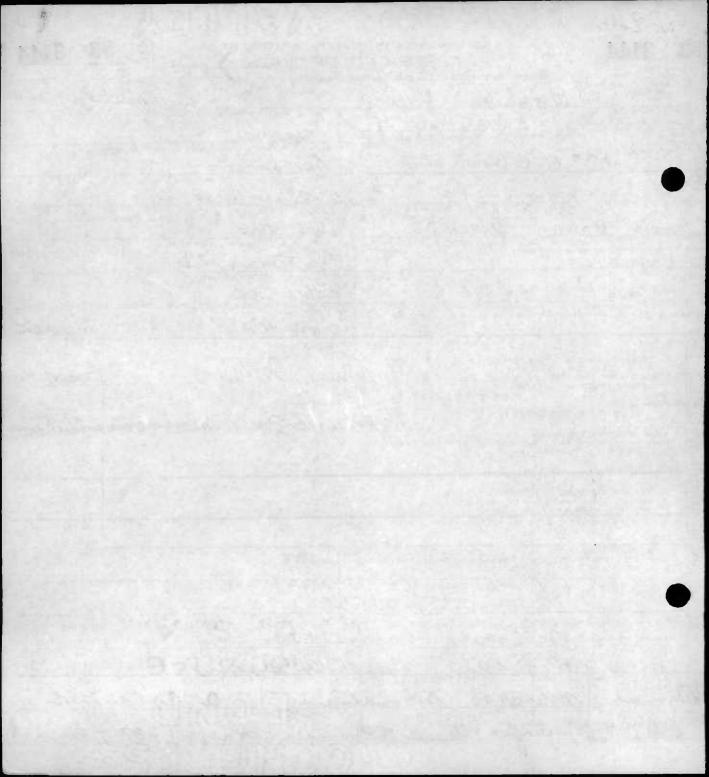
-426 53 3114

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

istered No. 3114

BIRTH NO. CERTIFICATE OF DEATH	gistered No.
1. NAME OF DECEASED (Type or Print) Detter whine WAIKER 2. DATE OF DEATH	MARCHANICE
3. PLACE OF DEATH:	/1'/
INSTITUTION 520 N. Gilman St. location) C. CITY OR TOWN (If outside cor	p rate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give	ocati(n)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (last bir	In years if Under i Year if Under 24 Hours thday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kiod of order done during most of warking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count industry)	ry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HOVARD TASAR WAY 14. MOTHER'S MAIDEN NAME FILE TICLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknown) (If yes, givo war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT	ADDRESS
18. 420.1 CAUSE OF DEATH	STON. Gilmoret
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. (A) Corondvy Occlusion	Several his.
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hyperteusive Cardio ASCUI	landsene Unknow
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) 21b. PLACE OF INJURY (e. g., io ur about home, farm, factory, street, office bldg, etc.) (If in Baltim	ore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Seht 10, , 1952, to MARCh >	7, 1953, that I last saw the
deceased alive on 3-27-, 1953, and that death occurred at 4314.m., from the eauses 23A. SGNATURE 23B. ADDRESS (63(1) 40 11 11 11 11 11 11 11 11 11 11 11 11 11	3t. 23c. DATE SIGNED
The state of the s	City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE
B. COUNTY
before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR - Yoeation Le C. CITY OR TOWN (If outside eorporat lie INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF work defle during most of working life, even if retired) INDUSTRY WHAT COUNTR + ollowerlo 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME YS. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or applyown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or syknown) SECURITY NO MU INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED บิ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-۵ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from. , 19___, to___ 1915 that I last saw the 19.13 and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Codewounder 244 BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or equity) MA

25. FUNERAL DIRECTOR

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

affect devent when " 100 m - Walley Carlow and the Miller of the same

	56	00			M	ACA	INER		-	0110
5	3 31.	16-3	07	BA!			E OF DEATH		5; sistered No.	3 3116
1.	NAME OF Dype or Print)	DECEASED	ale	4/1	Son Mu	ae	unes dr.	2. DATE	. 3/	20155
3. A.	PLACE OF D	City, Mar	yland	/	A		4. USUAL RESIDENC			titution: residence before admission)
B. HO				or institut	tion, give street	address or location)	c. CITY OR TOWN	(If outside corp	offale limit, w	vrite (UAAI) and give ownship)
C.	Length of	stav in Ba	ltimore		/	Yrs. Mos. Days	D. STREET ADDRESS		ocation)	dav.
	SEX		OR RACE		E. MARRIED.		8. DATE OF BIRTH	9. AGE (last bir		or Year Under 24 Hours Min.
10 worl	A. USUAL OG done during most	CCUPATION of working life,	(Give kind of even if retired)	10B. KINI	O OF BUSINES	S OR IDUSTRY	11. BIRTHPLACE (State	or foreign count	ry) 12	CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME ES.	mar	un	er		14. MOTHER'S MAIDE	N NAME	ha	94.
15 (Ye	. WAS DECEAS	ED EVER IN		FORCES?	16. SOCIAL SECURI		17. INFORMANT	sita 1	Se and	RES
RTIFICATION	(This doe heart failtinjury or	s not mean ure, asthenia complication	TO DEAT the mode of , etc. It mean on which co ENT CAUS DITIONS, IF CAUSE (A) DITION LAS	H f dying, e.; ns the diseas aused death ES ANY, GIVII STATING TI	E., (A) ie, DUE TO (B) NG HE DUE TO (C)	Ca	diae re	aleu pp-f	acline	INTERVAL BETWEEN ONSET AND DEATH
CER	TRIBUTIN TO THE D	G TO THE D	EATH, BUT I	NOT RELATE	ED					
YY:	19a. DATE	OF OPERAT	ION 0 19	B. MAJOR	FINDINGS	OF OPER	ATION			YES NO NO
MEDICAL		DENT WAS R CONTRIE DEATH			ACE OF INJUI			(If in Baltim	ore City, give	exact location)
2	F INJURY	(Month) (I	Day) (Year)		21E. INJURY WHILE AT WORK	NOT WHILE		JURY OCCUR?		
						9, 1953t	hat I last saw the date stated above,			
	23A. SIGNA	1h	do	1	aven	M. D. 2	38. ADDRISS	y 1+5	op 2	SCOPATE SIGNED
TIC	M. REMOVAL (Specify)	DAV 28	153	012	arys	1	ovans (Ballo.	county) (State)
	TE RECEIVE CAL REGIST VAR 28		GISTRAR	SIGNATI	VI WALLE	in Mail	Hunry Mans	Enin Sme	64905	Unt Rd
	VS 150			U		9	10		1//	

53	40
00	CLLL
	110

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	3117
ristarad		O'T'T'

BIRTH NO.	L OI DEATH							
1. NAME OF DECEASED (Type or Print) HUNTER R. SHETTLE	SR 2. DATE OF March 27, 1953							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence							
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location INSTITUTION	Maryland c. CITY OR TOWN (If outside corporate limits, write author and give							
1269 Gittings Avenue	Baltimore L (township)							
Yrs. C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1269 Gittings Avenue							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours							
male white widowed	reb. 21, 1891 62							
Ret. B & O R R Electrician	Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME Hunter Shettle	14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL	?							
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Hunter R. Shettle, Jr. Northwick							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OF DEATH Terio Sclerosio INTERVAL BETWEEN ONSET AND DEATH							
	injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) Coroney Thronbois								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)								
NA THE THE THE TABLE TO THE TAB								
OTHER SIGNIFICANT CONDITIONS CON-								
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING	PATION							
of orest	20. AUTOPSY?							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	n or 21C. WHERE DID (If in Reltimore City give event leasting)							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE AT WORK								
22. I hereby certify that I attended the deceased from	, 1945, to 27 There, 1953, that I last saw the							
deceased alive on 1) 7/4, 1953, and that death occur	rred at 8 A. m., from the causes and on the date stated above. 3B. ADDRESS 23c. DATE SIGNED							
Al mustosper M.D.	3534 Kleistie au 3/28/53							
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME OF CEMETE HOPewell Cen								
Burial 3/30/53 Hopewell Cen	FUNERAL DIRECTOR ADDRESS							
VS 150	Leonard J. Ruck, 5305 Harford Road.							
5/3	50							

Ejjersjie Hooper

Peditor Medica Con Commission of the Con-

1635 53_{TH} 3118

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 3148

31111110								
1. NAME OF DECEASED (Type or Print) Martin. F	lorence Theresa	2. DATE OF DEATH March 27, 1953						
a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
HOSPITAL OR	stitution, give street address or location)	Maryland c. CITY OR TOWN (If outside corporate linits, write RULL and give						
INSTITUTION St. Joseph	h's Hospital	Baltimore township)						
00. 00sep	Yrs.	D. STREET ADDRESS (If rural, give location)						
c. agth of stay in Baltimore	Mos. Days	3107 Kentucky Avenue						
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours						
	DOWED, DIVORCED (Specify)	Sept 9, 1874 last birthday) Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
work done during most of working life, even if retired) Housewife OW	n home	Maryland What country:						
13. FATHER'S NAME	11 1101110	14. MOTHER'S MAIDEN NAME						
Joseph Pfisterer		Carrie ?						
15. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of servi	EST 16. SOCIAL	17. INFORMANT ADDRESS						
(105, no or unknown) (11 yes, give war or dates of serv	SECURITY NO.	Mrs. Helen A. Graber, 3107 Kentucky						
18. 420.1	CAUSE	OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECT	on bearing							
(This does not mean the mode of dying		rdial Infarction						
heart failure, asthenia, etc. It means the injury or complication which caused	lisease,							
	death.) DUE TO							
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, IF ANY.								
RISE TO THE ABOVE CAUSE (A) STATIS	NG THE DUE TO							
<u>0</u>	(C)							
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OR CONDITION CAUSE								
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI	ELATED							
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER							
21A. ACCIDENT WAS UNDER: 21E	. PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)						
	home, farm, factory, street, office bldg.,							
21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
OF INJURY	m. WHILE AT NOT WHILE							
22. I hereby certify that I attended	the deceased from Mai	rch 27 , 1953, to March 27 , 1953, that I last saw the						
deceased alive on March 27, 19	53, and that death occur	rred at 3:00 pm., from the causes and on the date stated above.						
23A. SIGNATURE		38. ADDRESS 23c. DATE SIGNED						
1 17 Caren	M. D.	1h00 N. Caroline Street March 27, 195						
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 3/31/53	Holy Redeem							
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	FUNERAL DIRECTOR ADDRESS						
MAR 281952 Turtingto	w Milliame 11	Deonard J. Ruck, 5 305 Harford Road.						
VS 150	3/4	//						

3 3119

GARON S BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 3119

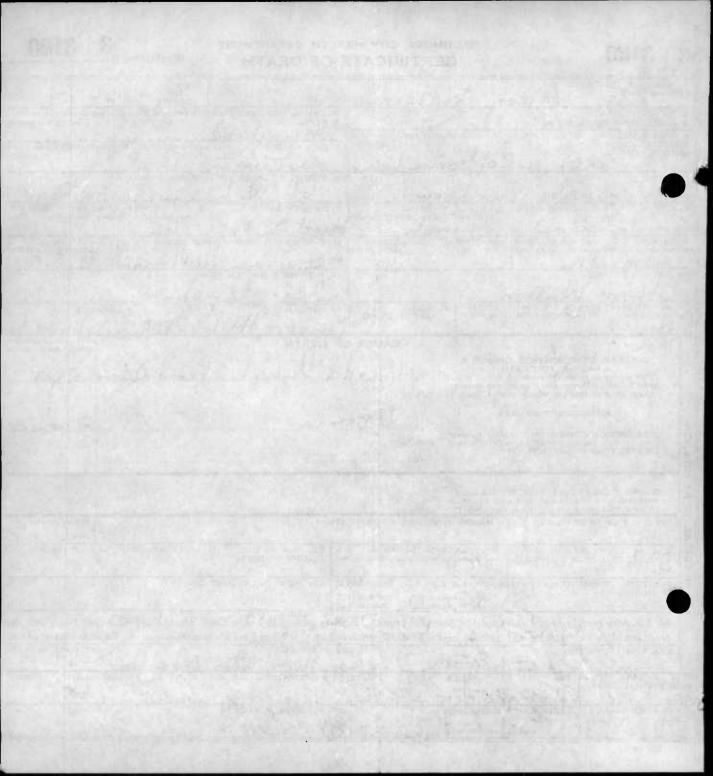
BIRTH NO.	
1. NAME OF DECEASED HASSIE Land	VV 2. DATE OF March 25, 63
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)	C. CITY OR TOWN (If outside corporate thits, write RURAL and give township)
ryrs. Mos. Days	D. STREET ADDRESS (It rural, give location)
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8. AGE (In years II Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life of enifretired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF CHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Silas Garony 929 W. Forthis
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH Why buttering y lephites Wash.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B.	RATION (20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (o. g., 1	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	to.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 194, 24, 1953, and that death occur	rred atm., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 5//7 Rehable 8. 23c. DATE SIGNED 3/27/53
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specific 3 3 5 3 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4. 19.77
LOCAL REGISTRAR Tuntington Williams 167	The have Philliam Alshandust
VS 150	

3 3120

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3120

BIRTH NO.	
1. NAME OF DECEASED Airey Watson	2. DATE OF DEATH 3-26-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	manyland
HOSPITAL OR INSTITUTION 2001 W. Coldsoring Laure	c. CITY OR TOWN (If outside corporate limits write RVRAH and give township)
c. Length of stay in Baltimore unknown Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. ASE (1) years Il Under 1 Year It Under 24 House
Female Colored Single (Specify)	march 2.1888 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Work deepe during most of weeking life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Domastic	Accomac Co. Virginia WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Watson	Ocie Upshar
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No	Maggie Hailey-507 N. Arlington hu
18. 442 X CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. 1 . 1 9 17
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	10 Vascular Renal Wheel 241.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	mice Disk.
DISEASES OR CONDITIONS, IF ANY, GIVING	~ \(\omega_{\omega} \).
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194 DATE OF OPERATION - LIPE MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
	YES NO
Z1A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., et	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
Th. WHILE AT NOT WHILE AT WORK AT WORK	
	rch 26, 1953 to march 26, 1953 that I last saw the
deceased alize on march 35, 1953, and that death occurs	red at 7:300 m., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
M. D. La	
24A. BURMA, CREMA- 24B DATE 24C, NAME OF CEMETER	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS 22 2
LOCAL REGISTRAR Tuntington Williams, M	The Ratie P. Williams Mobrombus
VS 150	EA
720	0 4



V	11-0)
1-		
BIRTH	3121	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3121

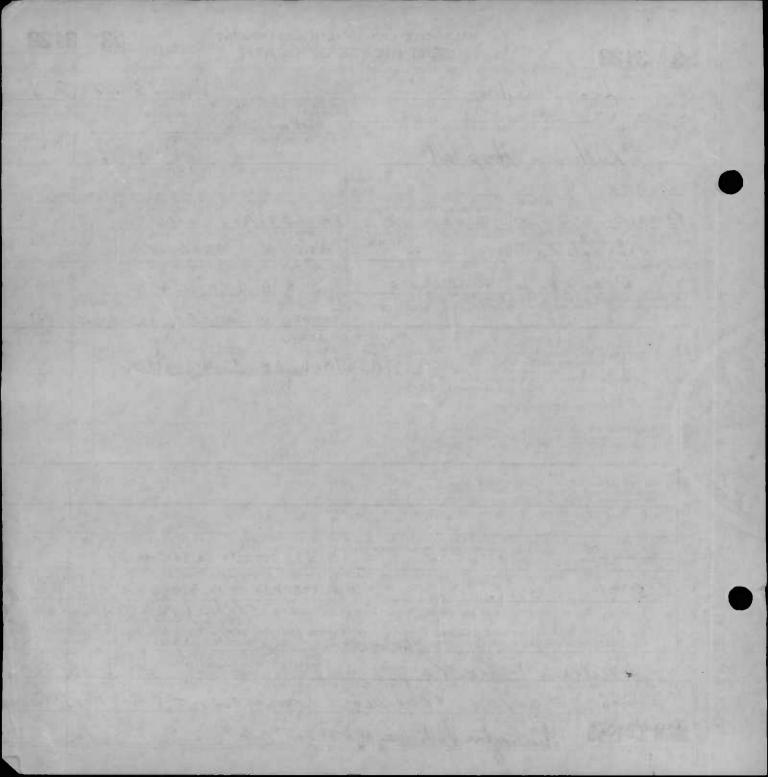
8	IRTH NO.										
	NAME OF D	ECEASED	WALL.	ACE	w.	REEVE	S		2. DATE OF DEATH	3/2	7/53
3. A.	Baltimore C	EATH: lity. Mai						RESIDENCE	(Where deceased		titution: residence before admission)
8.	FULL NAME			al or institut	tion, give s	street address or		mol.		E Lady	
	ISTITUTION	1110	doc	1	1	location)	c. CITY OF	R TOWN	(If outside corpo	rate limit, w	rite KURAL and give to (nship)
13		1119	nel	don	rue.	Yrs.	Usa	ltima	e	10	
	ngth of st	tow in Re	ltimara			Mos.	D. SIREE!	ADDRESS (If rural, give loc	ation)	ALC: NO.
5.	SEX SEX		R OR RACE	7. SINGL	E, MARRI	Days	8. DATE O	F BIRTH	9. AGE (In	years If Und	er 1 Year It Under 24 Hours
3	rale	we	te	WIDOV	VED: DIV	ORCED (Specify)	7/20	178	last birth	nday) Month	s Days Hours Min.
10	A. USUAL OC	CUPATIO	V (Give kind of	10B. KINI	OF BUS	SINESS OR	11. BIRTHE	PLACE (State or	foreign country) 12	. CITIZEN OF
W 011	done during most o	-	even il retired)	-	elf	INDUSTRY		Va		200	WHAT COUNTRY
13	FATHER'S N				1	Acres 1	14. MOTHE	R'S MAIDEN	NAME		
						and Arche 6		- 3-34 12			
15 (Ye	. WAS DECEASE	D EVER IN	U, S. ARMED	FORCES?	16. SO	CIAL CURITY NO.	17. INFOR	MANT		ADD	RESS
	-		-				Jennie	B. Reeve	es 1119	Wells	lan Ave
	18. 420	0.0				CAUSE	OF DEAT	Н	14		INTERVAL BETWEEN
		E OR CO	NDITION I			A.		. 0 .			THE BEATH
	(This does	not mean	the mode or	f dying, e. 1	E., (/	1)	reardia	e anja	ction		One week
	injury or	eomplicati	on which e	aused death		то					
		ANTECED	ENT CAUS	ES		a.F.		11-	+ 0		
ON	DISEASES	OR CON	DITIONS, IF	ANY, GIVIN	1G (1	B) CRUIU	eackened	ic Hea	u ou	حدا	I wo years
F			CAUSE (A)		HE DUE	то					
JC.					((C)	*******************	***********************		***************************************	
ERTIFICATION	OTHER O		11						He had		
	TRIBUTING	TO THE D	NT CONDITION OF ATH, BUT I	NOT RELATE	ED						
O	19A. DATE O		CONDITION			GS OF OPER	ATION	***************************************			20. AUTOPSY?
AL			0								YES NO
EDICAL	21A. ACCIDI	ENT WAS	UNDER-			NJURY (e. g., i		HERE DID	(If in Baltimor	re City, give	exact location)
ME	CAUSE OF I	DEATH	BOLING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, intoon	. occorr			
	21D. TIME (Month) (Day) (Year)			URY OCCURR	ED 21F. HO	DW DID INJU	RY OCCUR?		
				m.	WHILE AT WORK	NOT WHILE					
	22. I hereby	certify	that I att	ended the	decease	d from 9	an	_, 19.55, to_	march	_, 19 53 , t.	hat I last saw the
			rarch 27	, 19 55 ,	and tha				the causes a		date stated above.
	234 SIGNAT	YRE R	0 . 1				1606 K		7 0	2	3C. DATE SIGNED
24	A. BURIAL, C	REMA- 2	4B. DATE	070	24c. NAM	M. D. IE OF CEMETE			LOCATION (Ci	ity, town, or	county) (State)
TIC	ON, REMOVAL (SI	peeify)	2/201	60	1	· P	1	200	1. h.	11. 1	1
D	ATE RECEIVED	DBY R	EGISTRAR'S	SIGNATU	JRE,	une vas	25. FUNER	AL DIRECTOR	2	AI	DDRESS
LC	CAL REGISTE	RAP.	Munt	nator	Phil!	ALLES ALL	000	11.	XA 340	5-17 /1	1 × 11.
=	VS 150	A.SP BILL		0	THE STATE OF THE S		MILL.	O A STATE OF THE S	7 000	- I - M	annua / File
						5/000	4				
						7 "	di.				

La duancion 1606 Hally Ave

V S 151

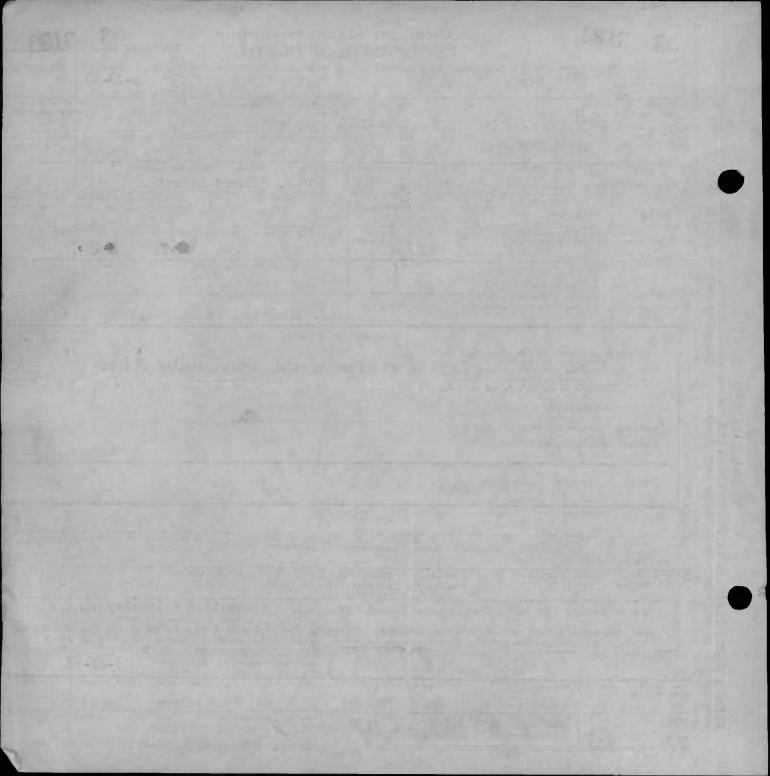
4.0

11	2-456	
		FOR DEATH Registered 3 3122
E	RTH 3122 CERTIFICATI	E OF DEATH
	Sype or Print) Leona Rollins	2. DATE OF 3-27-53
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
	Baltimore City, Maryland FULL NAME OF foot in hospital or institution, give street address or	A. STATE B. COUNTY before admissio
H	OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi
14	hutheran tospital	**
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
- I make	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) Under 1 Year II Under 24 Hou
1	FEMALE WITITE DIVORCED (Specify)	APRIL 28, 1907 45 Months Days Hours Min
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	HOUSEWIFE	NOR 1/4 CAROLINA
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1-15	GEORGE W. ROLLINS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SUSIE WALLACE 17. INFORMANT ADDRESS
	s, uo or unknown) (If yes, give war or dates of service) \$ECURITY NO.	SAMUEL V. SALAFIA 3211 GWYNN FALLS
-	Lo Cant A	OF DEATH
	1 2 19 1	ONSE! AND DEA
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Idehyde Intoriation
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
z	DISEASES OR CONDITIONS, IF ANY, GIVING	
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OA	(C)	
E	OTHER SIGNIFICANT CONDITIONS CON-	
ERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
O	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
A.	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., i	in or 21C. WHERE DID (If in Baltimore City, give exact location)
Dio	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING LAUSE OF DEATH. 1 CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., i about home, form, factory, street, office bldg 1 home	3211 Gwynn's Falls Parkway
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
	found 3/27/53 4:10 P. m. WHILE AT NOT WHILE AT WORK	x overdose of paraldehyde
	22. I certify that I took charge of the remains described	above, held an Autopsy, Inspection or Inquiry thereon and from
	the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above
	and death in my opinion resulted from:	, accident , suicide , homicide , undetermined .
	lilim: Ilali I	A.D. ASSISTANT MEDICAL EXAMINER
2	4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
	REMOVAL 3/38/53 PROVIDEN	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS



V S 151

E		53 3123	3	BAI	LTIMORE CITY CERTIFICA				Register	53 ed No	3 12 3
The	1.	NAME OF DECEA	sed HENR	Y DI	JNNIGAN				DATE 3	-27-5	3
fully supplied.	A.	PLACE OF DEATH Baltimore City, FULL NAME OF	Maryland	al or institut	tion, give street address	or Mar	yland		B. COUNTY	Υ	ution: residence before admission)
ully su		OSPITAL OR	Bal	or town		al, give location	01	te RURAL and give township)			
legibly.		Length of stay in			fetime Mo	606	N. Cal	vert S	treet		
ld be		Male W	hite	Ma	e, MARRIED. VED, DIVORCED (Spee TTIEd	6-6-	OF BIRTH 1880		72		Days Hours Min.
shou		A. USUAL OCCUPA k done during most of working		10B. KINI	O OF BUSINESS OR INDUSTI	RY	ir. Md		gn eountry)	12. Q	CITIZEN OF WHAT COUNTRY!
ation th cl	13	B. FATHER'S NAME	de Dunni	202			HER'S MAID		E		
nforma of dea	Patrick Dunnigan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO.						ORMANT MCKew	290	9 Över	ADDRE	
NG INK. Every item of information should be is: please write the causes of death clearly and	CATION	(This does not inheart failure, ast injury or comp ANTE DISEASES OR RISE TO THE AB	CONDITION DING TO DEA' mean the mode of henia, etc. It mea lication which of CEDENT CAUS CONDITIONS, I SOVE CAUSE (A) CONDITION LA	TH of dying, e. ns the disea. caused deatl SES FANY, GIVII STATING T	se, h.) DUE TO (B)		otic Card	diovas	cular Di	sease	
UNFADING Physicians:	ERTIFIC	TRIBUTING TO T		NOT RELAT	ED IT						
	AL C	19A. DATE OF OP	ERATION 1		FINDINGS OF OP						YES NO TOPSY?
ILY, WITH	EDIC/	21A. EXTERNAL COUNTRY ING CAUSE	OR CONTRIB-	about home,	ACE OF INJURY (e. 1 farm, factory, street, office blo		WHERE DID JRY OCCUR1		n Baitimore Ci	ity, give e	xact location)
	W	21D. TIME (Mont) OF INJURY		m.	21E. INJURY OCCUI	LE C	HOW DID I				
ITE PLAIN especially		the evidence and death i	e obtained by	said Aut	rcmains described opsy, Inspection of from: <u>natural cau</u>	r Inquiry, ses 🔄, acc	find that sident \square , so	topsy, Ins aid decc vicide [ased died or , homicide [n the do	ay stated above, termined □.
g WR		23a. SIGNATURE	088	Frot	Ren	M.D. MED	CHIEF MED ISTANT MED ICAL INVES	TIGATOR	AMINER	3-27	
PLEASE WRITE correct age is esp	TI	4A. BURIAL CREMA ON REMOVAL (Specify Burial	3-30-5	3	NEW CATHED			246. Loc Balti	ation (City, t	Wary	
PL		ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'	SIGNAT	Villiams, M;	Che	S F. E	vans	& Son	ADI	DRESS



-	1	2	0	

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53 3124

BIRTH NO. 31.24 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) MARCH 26, 1953 2. DATE DAVIS . MARY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR PROVIDENT C. CITY OR TOWN (If outside corporate limits, write RURAL and give Ballemon D. STREET ADDRESS (If rural, give location) Yrs. Mos. Modison AVE. th of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under I Year 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last hirthday) | Months: Days | Hours | Min. May 1, 1876 Female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND 000 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or detes of service) (Yes, no or naknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. ebout home, farm, fectory, street, office bidg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT 1953 to March 26, 1953 that I last saw the an 22. I hereby certify that I attended the deceased from. deceased alive on March 26, 19 53, and that death occurred at 11:45 m., from the causes and on the date stated above. 23c. DAFE SIGNED 23A SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Buriles 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR unlington

Carlo De La Carlo

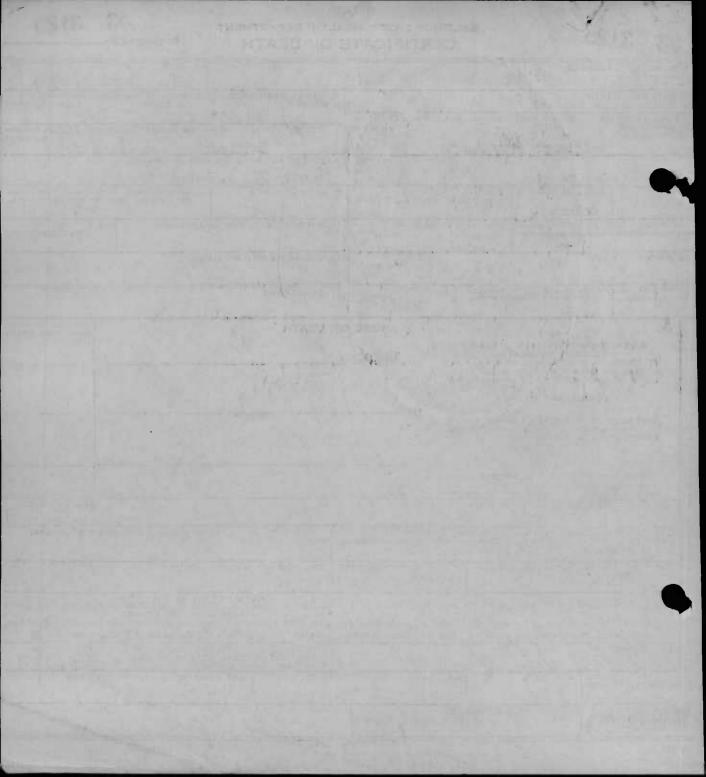
53 3125 BIRTH NO.

VS 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3125

BIRTH NO.	7767	CERTIFICATI	E OF DEAT	H Registered	1110
1. NAME OF DECEASED (Type or Print)	NKNOWN	BABY		2. DATE OF DEATH	rch 5, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived. B. COUNTY	If institution: residence before admission
	ital or institut	ion, give street address or location)	c. CITY OR TOWN	ryland	nits, write RURAL and give
Baltimore C	ity Mor			ltimore /	1-13
		Yrs. Mos.		SS (If rural, give location)	
th of stay in Baltimore	E 7. SINGLI	Days E. MARRIED.	Found: 72	3 N. Eutaw Stree	
Colored	WIDOW	E, MARRIED. VED, DIVORCED (Specify)			ff Under 1 Year ff Under 24 Hours Months: Daya Hours Min.
10A. USUAL OCCUPATION (Give kind work dooe during most of working life, even if retire	d) 10s. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	
15. WAS DECEASED EVER IN U. S. ARM (Yes, no or nuknown) (If yes, give war or do	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It injury or complication which ANTECEDENT CAN	ATH of dying, e., eans the diseas caused death	E., (A) Unknow	OF DEATH		INTERVAL BETWEEN
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LET	A) STATI ng TI Last.	HE FUE TO			
OTHER SIGNIFICANT CON TRIBUTING TO THE OEATH, BU	T NOT RELATE	ŁD.			
, I SALE S. SI EIGHT SI		FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		ACE OF INJURY (e. g., is farm, factory, street, office bidg., e			, give exact location)
Z 1D. TIME (Month) (Day) (Year OF INJURY		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
the evidence obtained be and death in my opinion 23A. SIGNATURE	u said Auto	remains described a psy, Inspection or l rom: natural causes	inquiry, find that □ □, accident □, □ 23B CHIEF ME	Autopsy, Inspection or Inquir said deceased died on suicide [], homicide [], DICAL EXAMINER	y the day stated above
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Cremula 3 33-		Ballo City		70,0 Theex	
DATE RECEIVED BY REGISTRAN	R'S SIGNATU	RE CLAUSE MES.	25. FONERAL DIR	ECTOR	ADDRESS



The	
supplied.	
fully	lepible
should be cafully s	sarly and
item of information s	of death clo
of i	11868
Every item of information should be c. fu	rite the ca
	15

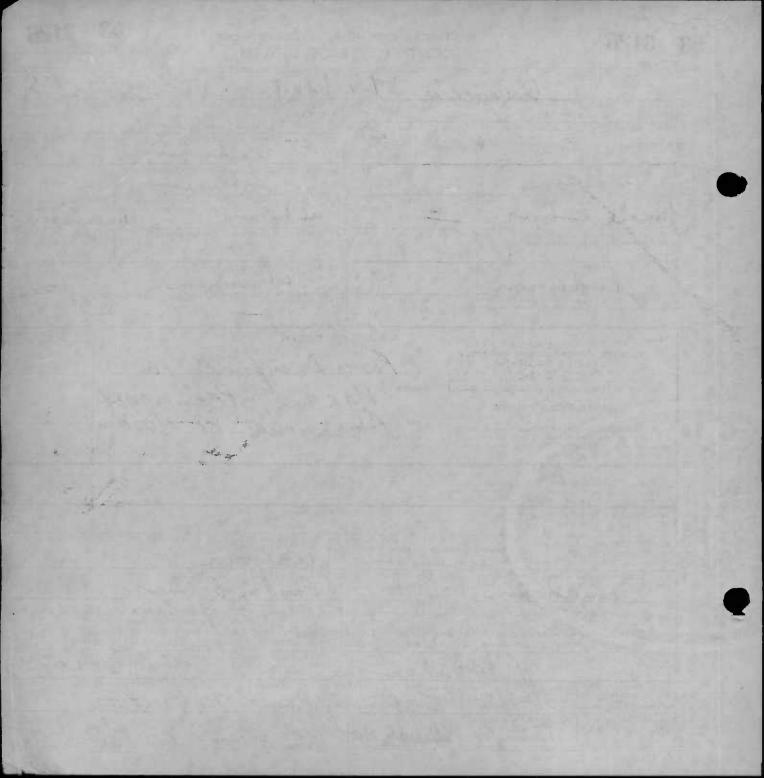
31	26

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

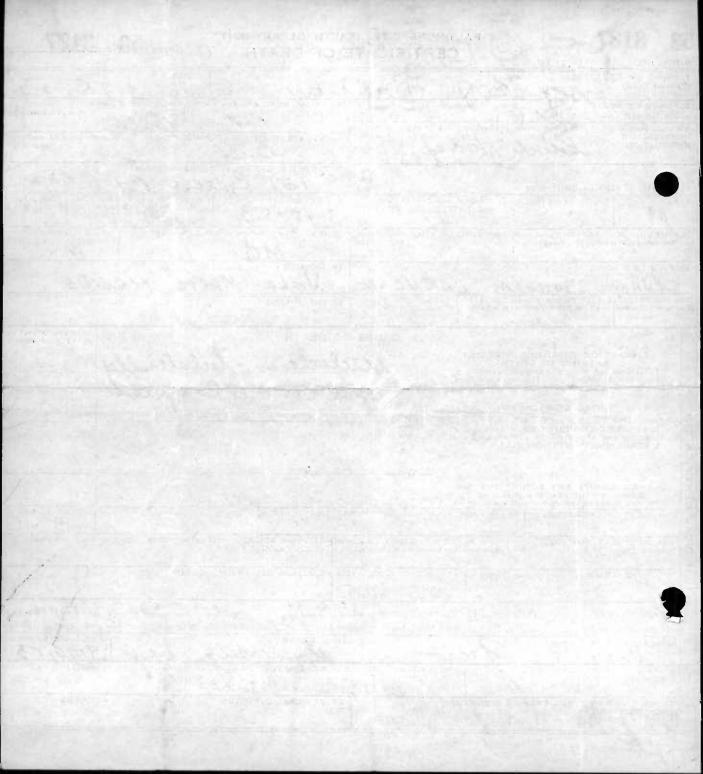
03	3126
istered No	

	-	-
Registered	No.	

BIRTH NO.	1804				
1. NAME OF DECEASED (Type or Print)	LAKNOWN	Inf.	int	2. DATE OF DEATH	uleyoun 3/2453
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. US		Where deceased lived B. COUNTY	. If institution : residence before admission
B. FULL NAME OF f not in h	nospital or institution, give s		unle	noun	
HOSPITAL OR INSTITUTION		location) c. CI	TY OR TOWN	f outside corporate li	mits, write RURAL and giv
			unh	noun	township
		Yrs. D. ST	REET ADDRESS (I	rural, give location	
c. Length of stay in Baltimo	re	Days	ma	m	
Jemele Unhow	ACE 7. SINGLE, MARR WIDOWED, DIVE	ORCED (Specify)	TE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
1/A. USUAL OCCUPATION (Give book done during most of working life, even if re	kind of 10B. KIND OF BUS	SINESS OR 11. BI	RTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Cupuom			_ common		
15. WAS DECEASED EVER IN U.S. A Yee, no or unknown) (If yea, give war o		CURITY NO. 17. IN	FORMANT		ADDRESS
18. 795.3		CAUSE OF D	EATH		INTERVAL BETWEE
DISEASE OR CONDIT	ION DIRECTLY	6	7	,	
(This does not mean the m	DEATH hode of dying, e. g., (, FOUND F HARE B) Aban do	ecompose	d ln	
heart failure, asthenia, etc. I	t means the disease, sich caused death.)	E TO	10		
ANTECEDENT	CAUSES	HARA	30R - M	RESNM AB	LY
ANTECEDENT	CAUSES	B) (1)	1	a ala	La cal
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	NS, IF ANY, GIVING	17 teen do	mment 6) MOUI	2014
UNDERLYING CONDITIO	N LAST.				
	(C)			
OTHER SIGNIFICANT CO	ONDITIONS CON.				
TRIBUTING TO THE OEATH,	BUT NOT RELATED				
TO THE DISEASE OR CONO		NGS OF OPERATION			20. AUTOPSY?
1 15%. 5/112 01 01 2111011					YES NO
21A. EXTERNAL CAUSE WA				If in Baltimore Cit	y, give exact location)
UNDERLYING U OR CONT	4 . //	y, atreet, office bldg., etc.)	JURY OCCUR?		
21D. TIME (Month) (Day) (URY OCCURRED 2	1F_HOW DID INJUR	Y OCCUR?	
OF INJURY	- WHILE ATT	NOT WHILE	Found in t	an har	
	m. WORK	AT WORK		1.0	17 7 7
22. I certify that I took			AHIODSV.	manspection or inqui	thereon and from
and death in my opin	nion resulted from: n	atural causes 🗌, a	y, find that said c recident □, suicid	leccased died on : : , homicide :	the day stated abov], undetermined
23a. SIGNATURE	RATIN	_ A:	3B. CHIEF MEDICAL SSISTANT MEDICAL EDICAL INVESTIGA	EXAMINER	3 2 2 3
24a, BURIAL, CREMA- 24B, DA TION, REMOVAL (Specify)	23/53 24c. B	alta Cla	Morabe 7	W Fleet	ovn, or county) (State)
DATE RECEIVED BY REGIST	Tan'S SIGNATURE	1110 M.J. 25. F	UNERAL DIRECTOR	7~	Floor ST
, 1000	THE STANKE	B. C.	VIII	10'	
V S 151					1

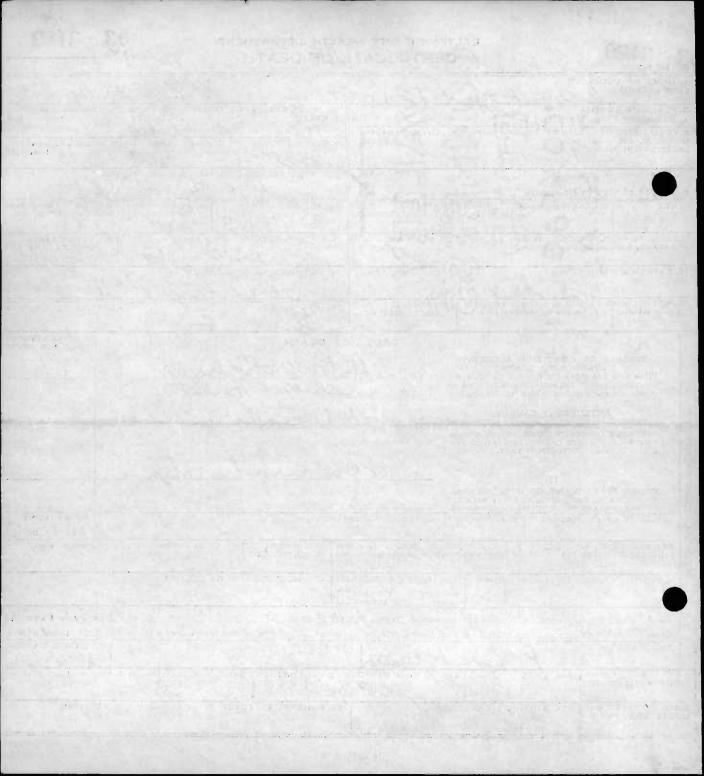


BALTIMORE CITY HEALTH DEPARTMENT Register 3No 3127 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence S. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS Yrs. (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE AGE (In years It Under 1 Year 5. SEX 7. SINGLE, MARRIED. If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED_DIVORCED (Specify) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME ARNES 15. WAS DECEASED EVER IN U.S. RMED FORCES? (Yes, no or unknown) (If yes, give was or dates of service) 16. SOCIAL ADDRESS SECURITY NO (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 62.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY atelecteres - bulaterally and Visceral Congestion LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE! WORK 3-15-53 19 to 3 - 15 - 5 19 that I last saw the 2. I hereby certify that I attended the deceased from. ____ and that death occurred at 3 Pm. from the causes and on the date stated above. deceased alive on 19 23c. DATE SIGNED 23A, SIGNATURE reco 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



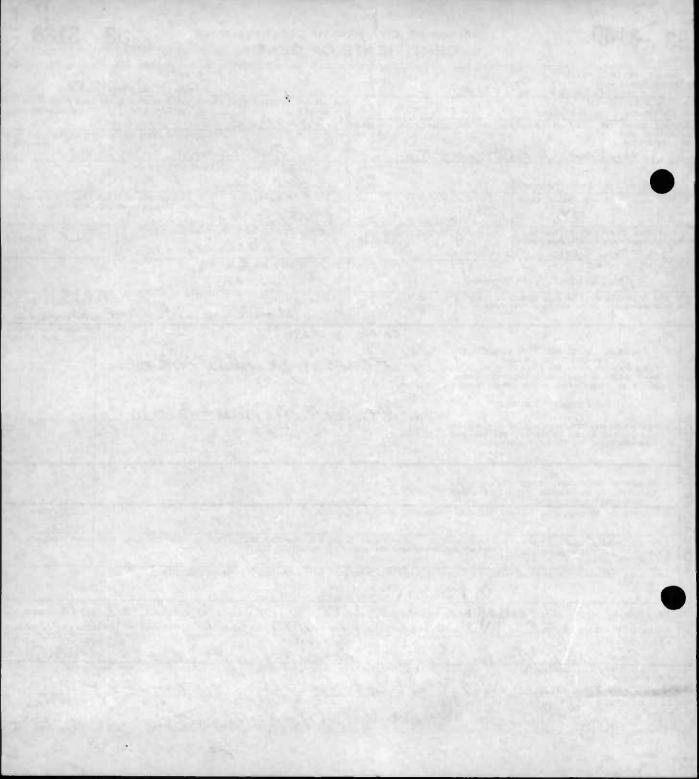
								-	
3	3128 RTH NO.	353-073		TIMORE CITY HE			Registere	53 d No	31.28
(T	NAME OF D	aby D	open	heim			2. DATE OF DEATH 3	121/3	53
Α.		City, Maryland			A. STA	JAL RESIDENCE ()	Where deceased lived B. COUNTY		ition: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	I willes	al or institution	on, give street address or location)	c, CITY	OR TOWN (I	f outside corporate li	mits, writ	e RURAL and give
1	6	ashburit	an et	yrs.	D STR	EET ADDRESS (If	rural, give location		5 - /tonship)
c.	th of s	tay in Baltimore	ent	Mos. Days	41	14 Boar	mans a	we	
5.	SEX	6. COLOR OR RACE		, MARRIED. ED, DIVORCED (Specify)	8. DAT	E OF BIRTH	9. AGE (ln years last birthday)		Year It Under 24 Hours Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIR	THPLACE (State or f	foreign country)		ITIZEN OF
	FATHER'S N	f working life, even if retired)		INDUSTRY	12	elleman	u sud	v	VHAT COUNTRY
13	MILE	ulue D	QDA	en la ima	14. MO	THER'S MAIDEN N	Y- KOL	20.	
15 Ye	. WAS DECEASE	OVER IN U. S. ARME	FO (CE)	16. SOCIAL SECURITY NO.	17. INF	ORMANT	0- 1	ADDRE	SS
-	18. 7/4			CAUSE	OF DE	ATTURE	interix		TERVAL BETWEEN
	160	SE OR CONDITION		CAUSE	1		. 10	0	NSET AND DEATH
	heart failu	LEADING TO DEA not mean the mode ore, asthenia, etc. It mes	of dying, e.g. ins the disease			Lachue	colhema	LL FE	ge_
	injury or	complication which of) DUE TO					
5	DISEASE	S OR CONDITIONS, I		G			***************************************		
4		THE ABOVE CAUSE (A)		E DUE TO					
		n		_(c)					
T'I	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
7				FINDINGS OF OPER	RATION				20. AUTOPSY?
	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i		WHERE DID	(If in Baltimore Cit		
Z	21p. TIME	(Month) (Day) (Year	(Hour) 2	21E, INJURY OCCURR	ED 21F	RULNI DID WOH.	Y OCCUR?		
(OF INJURY		w	HILE AT NOT WHILE WORK					
	22. I hereb	y certify that I at	and the same of th			53, 19, to			t I last saw th
	deceased a	live on	19, a	and that death occur	rred at 23B. ADD		the causes and o		te stated above c. DATE SIGNED
2	4A. BURIAL.	CREMA- 248. DATE	12	M. D.	RY or CI	REMATORY 24D. I	LOCATION (City, to	own, or co	unty) (State)
TI	ON, REMOVAL (S	Specify)		JOHN HOP	KINS MED	ICAL SCHOOL MAR	27 1953	SEE	
	ATE RECEIVE	RAR	SSIGNATU	Title was M3	25. FU	NERAL DIRECTOR	ton Allia	ADE	RESS
	1112 14	1833 Thurste	mator)	PARTICIONAL S		1 1 1 1 1 1 1			

352							
33	3 3129 53.05800 CERTIFICATE OF DEATH Registered No.						
	NAME OF DECEASED pe or Print) Balous Box 8 to na	18 2. DATE OF DEATH	1. 14.53				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution : residence before admission)				
HO	FULL NAME OF (If not in hospital or institution, give street address o location TITUTION (If not in hospital or institution, give street address o location		ts, write RURAL and give township)				
4	Yrs.	D. STREET ADDRESS (If rural, give location)	0.0				
С.	gth of stay in Baltimore Mos. Days 16.COLOR OR RACE 7. SINGLE, MARRIED.		S. J. Williams Van Williams 24 Maure				
5, .	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		fi Under 1 Year on this Days Hours Min.				
10/ work	N. USUAL OCCUPATION (Give kind of dooe during most of working life, even if retired) INDUSTR'	11. BIRTHPLACE (State or foreign country) Bello Ho.	12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	H				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL oo or uoknowo) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT A	DDRESS				
(1 00.	oo or uoknowo) (11 Yes, give war or dates of service) SECURITY NO.	男					
	10000	OF DEATH	ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	trasloctabi					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES	Ptaloghali					
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	, a como					
CAT	UNDERLYING CONDITION LAST.	- + '+					
TIF	II (C)	re wall my					
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
. '	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTODSY?				
EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (c. g.,		give exact location)				
MEL	HOMICIDE (Specify) about home, farm, fectory, atreet, office bldg						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!						
m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from 3 deceased alive on 8 - 14, 1953 and that death occi	· 11.3 0, 19 , to 3 - 14, 195, urred at 1 0 km., from the causes and on t					
	23A. SIGNATURE D. P. Melion	23B. ADDRESS	23c. DATE SIGNED				
24	24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
	N, REMOVAL (Specify)	ANS MEDICAL SCHOOL MAR 2 4 1953					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS						
	VS 150						



	30	(CERTIFICATI	E OF DEATH	Registere	23 3100
BIRTH NO.						
1. NAME OF DI (Type or Print)	Toseph C	armel			2. DATE OF DEATH 3	/28/53
	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased live B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		al or institutio	on, give street address or location)	c. CITY OF TOWN	If outside corporate i	imits write RURAL and give township)
Sinai Ho	spital of Bo	etime	le, Inc.	balla	motes h	7-01
th of st	tay in Baltimore		Yrs. Mos. Days	2800 Las	le ave)
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DAT OF BIRTH	9. AGE (In year	Months; Days Hours Min.
M	ω .	me	YANILO (Specify	6/15/90	62	
	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. SIRTH LACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S		0	11	14. MOTHER'S MAIDEN	NAME	
H	arres Ca	remel	. (~)	Minnie	. P	
15. WAS DECEASE Yes, no or nnknown)	D EVER IN U, S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT My Blanch	Cormel	Lake one
(This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode re, asthenia, etc. It mea complication which	TH of dying, e.g. ins the disease	•	te myocardi	al infance	CON
DISEASES RISE TO T UNDERLY	ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THI AST.	(B) Arter	iosclerotic Hea	rt Disease)
DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE DEATH, BUT	F ANY, GIVING STATING THE AST. ITIONS CON NOT RELATES	(B) Arter	iosclerotic Hea	rt Disease	
DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D	OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE DEATH, BUT ISEASE OR CONDITION LA	F ANY, GIVING STATING THE AST. ITIONS CON NOT RELATER CAUSING IT	(B) Arter		rt Disease	20. AUTOPSY7
DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D	GOR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE CONDITION LA IN THE CONDITION CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	F ANY, GIVING STATING THE AST. ITIONS CON NOT RELATER CAUSING IT	(B) Arter		rt Disease	
DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE C	OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGUISE CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING CONTRIBUTING	F ANY, GIVING STATING THE AST. ITIONS CON NOT RELATE! N CAUSING IT	(B) Arter	RATION		20. AUTOPSY?
OTHER STRIBUTING TO THE DISA. DATE COLLYING OF CAUSE OF	OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGUISE CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING CONTRIBUTING	F ANY, GIVING STATING THE AST. ITIONS CON NOT RELATED CAUSING IT 19B. MAJOR 21B. PLA about home, fer	FINDINGS OF OPER CE OF INJURY (c. g., trm, factory, street, office bidg., the injury occurs of the injury occurs	RATION in or 21c. WHERE DID otc.) INJURY OCCUR? ED 21f. HOW DID INJU	(If in Baltimore C	20. AUTOPSY7
OTHER STRIBUTING TO THE DOTATE OF INJURY	S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA I I I I I I I I I I I I I I I I I I	TIONS CON NOT RELATED CAUSING IT 19B. MAJOR 21B. PLA about home, fa	FINDINGS OF OPER CE OF INJURY (c. g., trm, factory, street, office bldg., trm, factory at rect, office bldg.	RATION in or 21c. WHERE DID etc.) INJURY OCCUR? ED 21f. HOW DID INJU	(If in Baltimore C	20. AUTOPSY? YES NO Lity, give exact location)
OTHER STRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb	SOR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA ING CONDITION LA INGLE CONDITION CONTROL CONTROL CONTROL CONTROL CONTRIBUTING DEATH (Month) (Day) (Year)	F ANY, GIVING STATING THE AST. ITIONS CON NOT RELATED CAUSING IT 19B. MAJOR 2 1B. PLA about home, feel with the state of the control of the	FINDINGS OF OPER CE OF INJURY (e. g., crm, factory, street, office bldg TE. INJURY OCCURR WORK NOT WHILE WORK AT WORK deceased from 3	PATION In or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU	(If in Baltimore Control of the Baltimore Cont	20. AUTOPSY? YES NO Lity, give exact location)
OTHER STRIBUTING TO THE DOTATE OF INJURY	GOR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA ING CONDITION LA ING CONDITION LA ING CONTRIBUTION LE CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I attlive on 3/28 THE CONTRIBUTION LA ING CONTRIBUTION LA	TIONS CON NOT RELATE! N CAUSING IT 19B. MAJOR 21B. PLA about home, fa (Hour) 2 tended the control of the cont	FINDINGS OF OPER CE OF INJURY (c. g., trm, factory, street, office bldg., trm, factory, street, offic	PATION In or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU 27 , 19-3, to_ rred at // 15 m., from 23 p. ADDRESS	(If in Baltimore Control of the causes and c	20. AUTOPSY? YES NO Lity, give exact location) 1953, that I last saw the on the date stated above
OTHER STRIBUTING TO THE DOTATE OF INJURY DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE DOTATE OF THE DOTATE	II IGNIFICANT CONDITION ING CONDITION LA ING CONDITION ING CONDITION ING CONDITION ING CONDITION ING CONTRIBUTING ING CONTRIBUTION ING CONDITION ING CONDITIO	TIONS CON NOT RELATE! N CAUSING IT 19B. MAJOR 21B. PLA about home, fs (Hour) 2 tended the control of the cont	FINDINGS OF OPER CE OF INJURY (c. g., trum, factory, street, office bldg., trum, fac	PATION In or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU 27 , 19-3, to_ rred at // 15 m., from 23 p. ADDRESS	(If in Baltimore Control of the Baltimore Cont	20. AUTOPSY7 YES NO Lity, give exact location) 19 3, that I last saw the on the date stated above 23c. DATE SIGNED 28/53. Lown, or county (State)
OTHER STRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21A. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA 24A. BURIAL. TION, REMOVAL (S) DATE RECEIVE LOCAL REGIST	SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA PING CONDITION LA PING CONDITION LA PING CONDITION LA PING CONTRIBUTING CONTRIBUTION CONTRIBU	TIONS CON NOT RELATED CAUSING IT 198. MAJOR 218. PLA about home, for the control of the control	FINDINGS OF OPER CE OF INJURY (e. g., rm, factory, street, office bidg., rm, factory,	PATION In or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU 27 , 19-3, to_ rred at // 15 m., from 23 p. ADDRESS	(If in Baltimore Control of the causes and control (City, the control of the cont	20. AUTOPSY? YES NO Lity, give exact location) 1953, that I last saw the on the date stated above

2906A



53 3131 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED SOLOMON 2. DATE DEATH B. COUNTY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. Mos. INGDALC th of stay in Baltimore Davs 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED VIDOWED, DIVORCED (Specify) anorceo 10A. USUAL OCCUPATION (Given ind of tops. KIND OF BUSINESS OR Work done during most of working life, even if retired) LACE (State or foreign country) 12. CITIZEN OF WHAT CQUNTRY? INDUSTRY NSA 13. EATHER'S NAME 15. WAS DECEMED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 20.0+ 260x CAUSE OF D ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Arteri sclerotic heart disease UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-Diabetes mellitus TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. Din or 20c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED E INJURY NOT WHILE WHILE ATT WORK AT WORK 22. I hereby certify that I attended the deceased from 3/14 3 5 19_ ... that I last saw the 3 26 53 and that death occurred at 2 Am., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23). SIGNATURE 238. ADDRESS BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) (State) B. DATE REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 11/VS 150

-	2	.5	2								V				
ſ	53	31	132 BALTIMORE CITY HEALTH DEPA				EPARTM	ENT		53		35			
CERTIFICATE OF DEATH Registered No															
	NAME ype or		ECEAS	Joseph	Sos	nowsk	i				2	OF DEATH	3-27	- 53	
3. A.	PLACE	e of c	EATH:						4. USUAL			e deceased liv	ed. If inst	itution :	residence re admission)
В.	FULL	NAME L OR				or institu	tion, give str	ect address o			rland (If outs	Q dide cornerate	ones	avre	RAL and give
IN	STITU	TION	St.	Agnes	Hos	pital	STEVE I			Baltimo		side corporati	s mints, w	THE RO	township)
7 c.	Leng	th of s	tay in	Baltimo	re			Yrs. Mos. Days	D. STREET			l, give location		Park	
	sex		13.5	OR OR RA	ACE 7	WIDO	E. MARRIE WED, DIVOR arried	D. RCED (Specify	8. DATE 0	3-1896	9.	AGE (In yea	ars H Unde	H I Year	If Under 24 Hours Hours Min.
10	A. USL	JAL OC	CUPAT	ION (Givok	ind of l		D OF BUSI	NESS OR INDUSTR		PLACE (Sta	te or foreig	n country)	12	. CITIZ WHAT	EN OF COUNTRY?
13	FATE	ER'S		1	,			(14)	14. MOTH	ER'S MAID	EN NAME				
15	WAS		seph	R IN U. S. A	2450	200	ski		Jol	nanna S	tanul				
(Ye	, no or u	nknown)	(If ye	es, give war o	r dates of	service)	16. SOCI	JRITY NO.	1. INFOR	MANT			ADD	RESS	
	(T	his doe	LEAD not m	CONDITI	DEATH ode of	dying, e.	g., (A)	CAUSE	OF DEAT	H ephon	nn	ephy	20		AL BETWEEN AND DEATH
	hea	art fails ury or	compli	enia, etc. It cation whi	t means ich cau	the disea sed deat	se, h.) DUE 1	0	6		- (
7			ANTEC	EDENT C	CAUSES	5		On	enter	e -	Skor	-			
RTIFICATION	RIS	E TO	HE ABO	ONDITION	(A) ST	ATING T	NG	000	min	C		-tet	- ·		*****************
ICA	UN	NDERL	TING C	ONDITIO	N LAST	•	(C)	w	uz.	lit	tead				***************************************
TIF	ОТ	HER S	IGNIFI	CANT CO	NDITI	ONS CO	N		1.1	1	/	, -			
CEF	TR	IBUTIN	TO TH	E DEATH, OR CONDI	BUT NO	T RELAT	ED	yoca	disc	In	suff	lecres	rej	3/	year
AL	19A. I	DATE	of OPE	RATION 7	198	MAJOI	FINDING	S OF OPE	RATION .	with	1/4	The	1:	20. A	NO 4
EDICA	LYIN	IG O		AS UNDE			ACE OF IN.	JURY (,		HERE DID		Baltimore (City, give		
Σ		TIME	(Month)	(Day) (Year) (F	Iour)	21E, INJUI	RY OCCURE	21F. H	OW DID IN	NJURY O	CCUR?			
	9					m.	WHILE AT WORK	NOT WHILE					65		
				ify that 1			deceased	fromdeath oeeu	mad at 5	1957, 1	-				ast saw the ated above.
		SIGNA		K.	Od	rohu	ma that		23B. ADDRES		es for	rapota		3c. DA	TE SIGNED
24	N. REM	RIAL (CREMA- Specify)	248. DA	TE	1	24c. NAME		RY OR CREM	ATORY 2	4D. LOCA	TION (City,	town, or	county)	(State)
D	ATE RE	CEIVE	D BY.	REGISTA	RAR'S	30/	74 74 URE	rey Cs	28 FUNER	aco,	DALL	ronar	Z AI	DRESS	3
	CAL F	REGIST	RAR	1 Acres	ting	Art .	William	W. M.F	Tres	IN	Ogra	200	tei	2.123	
	Vs	150	. 10.8-1		18		2	906	A 193	080	Min	2 de	4,		

Landquot Torge .at

53 3133

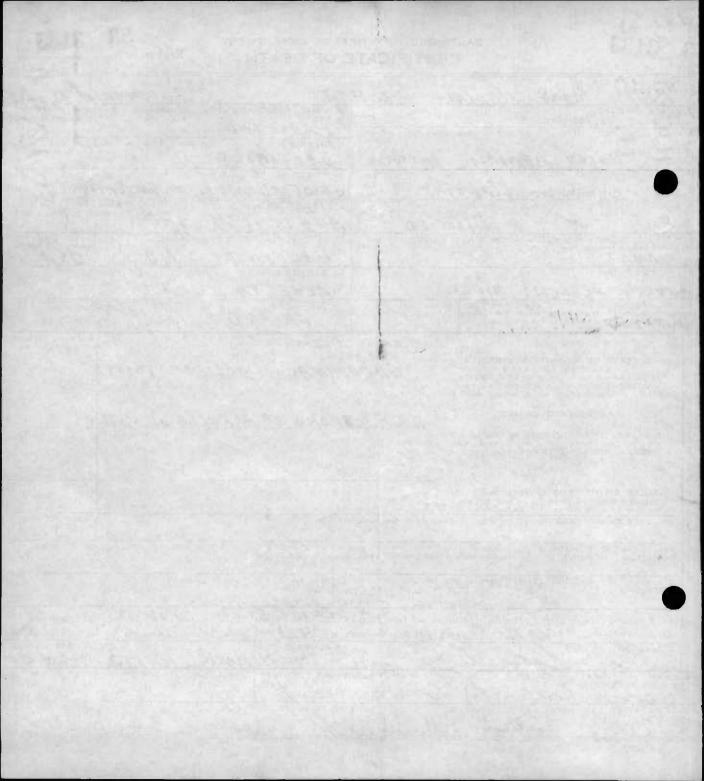
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) MARY VIRGINIA MARCH 28 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) MEMORIAL BALTIMORE HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. W. UNIVERSITY LIPETIME c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) H Under 1 Year 5. SEX 6. COLOR OR RACE If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) NONE 13. FATHER'S NAME MILLS ANDREW FRENCHI ALVERTA LUCAS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. FRIEND UNKNOWN 1 NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CARCINOMATOSIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CARCINOMA OF AMPULLA OF VATER DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 1 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION EDICAL VES NO 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from MARCH 10, 1953, to MARCH 28, 1953 that I last saw the deceased alive on MARCH 21, 1953, and that death occurred at 4 15m., from the causes and on the date stated above. 23B. ADDRESS 23C, DATE SIGNED 23A. SIGNATURE HOSPITAL MARCH 2853 75MORIAL 24D. LOCATION (City, town, or county) 240 NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CIEM 24B. DATE ADDRESS

25 FUNERAL DIRECTOR

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

untinglow



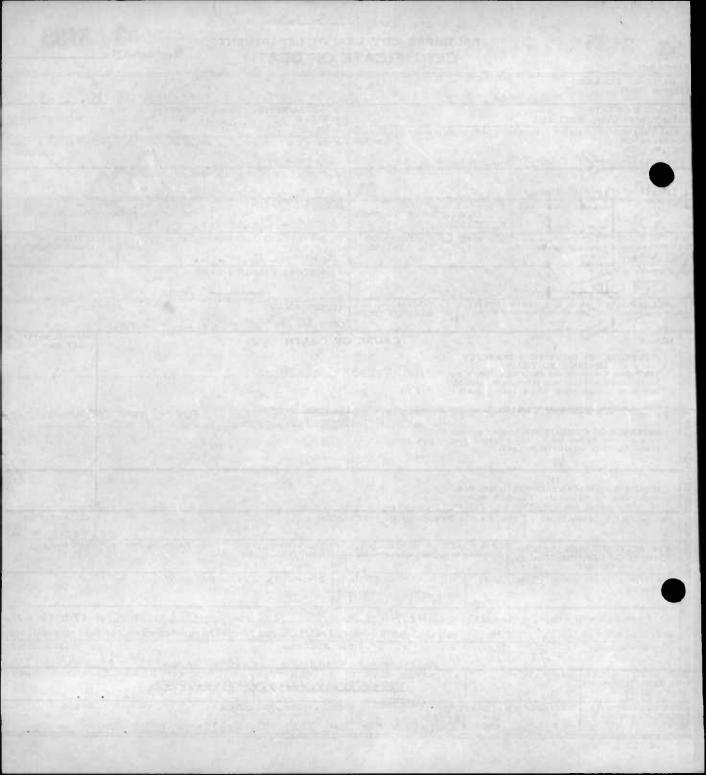
BALTIMORE CITY HEALTH DEPARTMENT

3134

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION al timore coutte Yrs. D. STREET ADDRESS (If rural, give location) Mos. Clarkson th of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | Moder 1 Year | Moder 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED' (Specify) learned 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) INDUSTRY Maruland ne 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Encephalomalacia of unde beart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONdilatation of the Stomach TRIBUTING TO THE DEATH, BUT NOT RELATED 14125. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION Acute dilatation of Stemach + pro)
218. PLACE OF INJURY (e. g., in or 21c, WHERE DID
about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? proximal portion 2 small (If in Baltimere City fries exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE [AT WORK WORK 22. I hereby certify that I attended the deceased from March 23 1953 to March 27, 1953 that I last saw the 2 m., from the causes and on the date stated above. deceased alive on March 27, 1953, and that death occurred at 238. ADDRES 23c. DATE SIGNED 23A. SIGNATURE Willsonway 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 2400LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE Gurial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR BELGULA-

VS 150

53 3135 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Garrett, John DEATH March 19. 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 4 N. Poppleton Street Days 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years II Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min. Married April - 1902 Male Colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (GivekIndof) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bishopville, S. C. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown George Garrett Susan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Bennie Dubose, 847 Vine Street INTERVAL BETWEEN CAUSE OF DEATH ONSET ANO OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebral accident heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hypertensive Cardiovascular Disease CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from March 19, 1953, to March 19, 1953 that I last saw the deceased alive on March 19, 19 53, and that death occurred at 9:05 pm., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 1400 N. Caroline Street 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE /30/53 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR HUMINA, MS Mrs Katie R. Williams, 322 N. Schroder St. VS 150

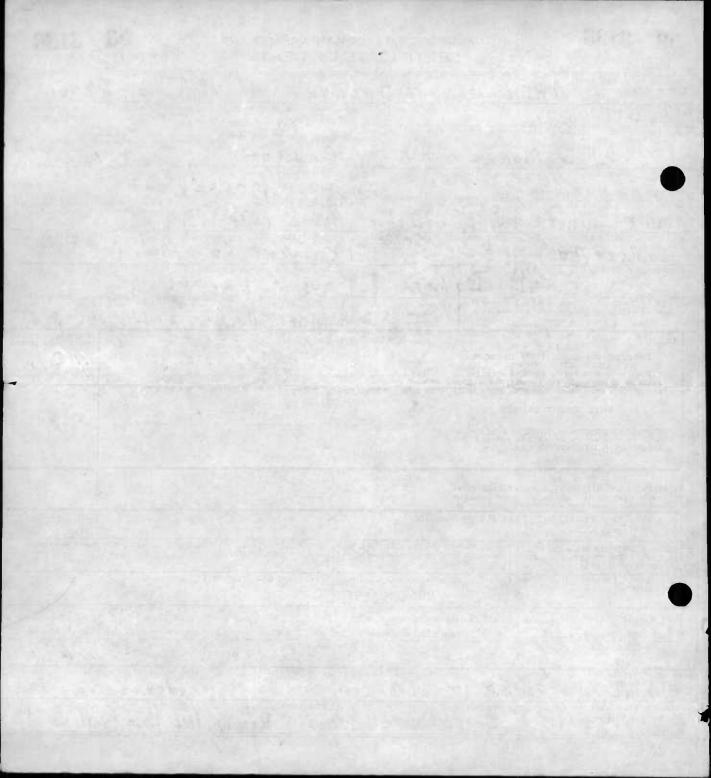


53 31.36

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3136
Registered No.

BIRTH NO.	OI DEATH
1. NAME OF DECEASED MRS. OWENSY A. Buc	here 2. DATE OF DEATH 3-26-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
21 N. MORLEY ST	BALTO- 20-67 township)
Yrs. Mos. c. hength of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours Min
remale white widowed	11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF
10A. USUAL OCCUPATION (Givekind of OB. KIND OF BUSINESS OR INDUSTRY OVSC W (F2	CALVERT CO- Md WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AD. DIYON	SUSAN PHIPPS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	B. ALBERT Buckey - 21 N'MORLEY ST
18. 420.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Thombosi 48 hr
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	700.
injury or complication which caused death.) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING	10 ys
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	me
TO THE DISEASE OR CONDITION CAUSING IT.	PATION 20, AUTOPSY?
Tax. Date of Electricity of 155. Master Filterings of or Electricity	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
F INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I oftended the deceased from	- to 1950, to MW 26, 191, that I last saw the
deceased alive on 2/2/2, 19 and that death occur	rred at from the causes and on the date stated above. 38. ADDRESS 23c.DATE SIGNED
Mon dr. M.D.	14334 1300 1 3/20/13
24A. BURIAL (CREMA) 24B. DATE TION REMOVAL (Species) 3-30-53 MT. OliVET Ce	m Frederick tra Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HILLIANS MY	Thos. J. Kenny- INC. 1600 Hollins JT
VS 150	



150				
53 3137 BIRTH NO.	EALTH DEPARTMENT	. 53 Registered No	3137	
THE PRIESS ULES	TOPPIN		2. DATE OF DEATH	29/53
s. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (stitution: residence before admission)
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION	titution, give street address or location)	c. CITY OR TOWN (I	If outside corporate limits,	write RURAL and give
morning	Yrs.	D. STREET ADDRESS (I	f rural, give location)	- 0 1 community
c. Length of stay in Baltimore	Mos. Days	1305 N.	5 tricker	
male colored "	NGLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	37	nder I Yest Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	(IND OF BUSINESS OR INDUSTRY	On anorth,	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME — Henry	Toppin	14. MOTHER'S MAIDEN N	e Turner	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	S? 16. SOCIAL SECURITY NO.	Effic Jon	pin On	encock le
18. 155× 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying	111	emia		
heart failure, asthenia, etc. It means the d injury or complication which caused of	isease.		10 *** - (1) *** 0 ***	
ANTECEDENT CAUSES	(B)	alnutrition		
DISEASES OR CONDITIONS, IF ANY, (SIVING	in al. L.	h. 1=	
UNDERLYING CONDITION LAST.	(C)	mary Re	parona	
DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	CON-			
TO THE DISEASE OR CONDITION CAUSI				I 20. AUTOPSY?
TA ISS. BATE OF OF ENAMENT AND ISS. MA				YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about A	. PLACE OF INJURY (e. g., in nome, farm, factory, street, office bldg., e	21c. WHERE DID	(If in Baltimore City, giv	c exact location)
21D. TIME (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE		RY OCCUR?	
22. I hereby certify that, I attended		/27 1953 to	3/29 , 1953	that I last saw the
deceased alive on 3/28, 19	and that death occur	red at 7 am., from	the causes and on the	date stated above.
Hangensel	der M.D.	University	Hospital	3/29/53
24A. BURML CREMA THON, REMOVAL (Specify)	Bay side	metery (bnancock,	Virginia (State)
DATE RECEIVED BY REGISTRAR'S SIGN	ATURE MALE	25 FUNERAL DIRECTOR	homas. }	COMMA TE
VS 150	8 4			

2	20
53	3138

I. NAME OF DECEASED (Type or Print) FLANCES LOUGHNEY	,	00 00	C. A.	DAL	CEDTIFICAT	E OF DEATH	Registere	d No.
3. PLACE OF CERTH A. Baltimore City, Maryland B. FULL NAMP OF (If not in hospital or institution, give street address or location) FULL NAMP OF (If not in hospital or institution, give street address or location) FULL NAMP OF (If not in hospital or institution, give street address or location) FULL NAMP OF (If not in hospital or institution, give street address or location) FULL NAMP OF (If not in hospital or institution, give street address or control or decreased lived. If institutions, residence in STATE of Business (If rural, give location) FULL NAMP OF (If not in hospital or institution, give street address or control or decreased lived. If institutions, residence in STATE or Business (If rural, give location) FULL NAMP OF (If not in hospital or institution, give street address or control or decreased lived. If institutions, residence in STATE or Business (If rural, give location) FULL NAMP OF (If not in hospital or institution, give street address or service address or service) FULL NAMP OF (If rural, give location) FULL NAMP OF (If not in hospital or institution, give street address or service) FULL NAMP OF (If rural, give location) FULL NAMP OF (If rural, give locati					CERTIFICAT	E OF DEATH		
4. USUAL RESIDENCE (Were deceased lived. If institutions, residence he Return or location) 4. USUAL RESIDENCE (Were deceased lived. If institutions, residence he Return or location) 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. 8. DAY 10. DAY	1. (T	NAME OF D	FRANCES V	LOUG	HNE4		OF A	ARCH 27, 1957
C. CITY OR DWN (If outside corporate limits, write RIHAL and INSTITUTION Harpital Yes Data	A.	Baltimore C	EATH: City, Maryland			A. STATE	(Where deceased lived B. COUNTY	l. If institution: residence before admission)
C. Length of stay in Baltimore 8 yr. Month No. STREET ADDRESS (If rural, give location) 7 1 CLADALSAN No.	H	SPITAL OR	41 -	al or institut		C. CITY OR TOWN		imits, write RURAL and give
5. SEX 6. COLOR OR RACE 7. SINGLE, MARNIED WILDOWED, DIVORCED (Specify) 10. USUAL OCCUPATION (Giva-inded) 11. USUAL OCCUPATION (Giva-inded) 12. USUAL OCCUPATION (Giva-inded) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S/APMED FORGET 16. SOCIAL 17. INFORMANT 18. 630.1 CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, attending, etc.) It many in the disease, injury or complication which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING 18. INTERVAL/BETW OTHER SIGNIFICANT CONDITIONS CON- 17. INFORMANT 18. DATE OF OPERATION OTHER SIGNIFICANT CONDITIONS CON- 17. INFORMANT 18. DATE OF OPERATION OTHER SIGNIFICANT CONDITIONS CON- 17. INFORMANT OTHER DISEASE OR CONDITIONS IF ANY, GIVING 18. DATE OF OPERATION OTHER SIGNIFICANT OTHER DISEASE OR CONDITIONS IF ANY, GIVING 19. DATE OF OPERATION OTHER SIGNIFICANT OTHER DISEASE OR CONDITIONS CON- 17. INFORMANT OTHER DISEASE OR CONDITIONS CON- 17. INFORMANT OTHER DISEASE OR CONDITIONS CON- 17. INFORMANT OTHER DISEASE OR CONDITION LAST. (a) OTHER SIGNIFICANT CONDITION LAST. (b) OTHER SIGNIFICANT OTHER DISEASE OR CONDITION LAST. (c) DISEASES OR CONDITION LAST. (d) OTHER SIGNIFICANT OTHER DISEASE OR CONDITION INDURY OCCUR? INJURY OCCUR? 22. I hereby certify that I attended the deceased from Market Work WHILE AT NOT WHILE IN NOT	30.			18 yr	Mos.	D. STREET ADDRESS	(If rural, give location)
10. A USUAL OCCUPATION (Girehinded in the More Advanced with the west President of the process of waking the west in the most of wheeling the west of dead of service) The process of waking the west of dates of service) 13. FATHER'S NAME 15. WAS DECRASED EVER IN U. S. FANED PORCES? 15. WAS DECRASED EVER IN U. S. FANED PORCES? 15. WAS DECRASED EVER IN U. S. FANED PORCES? 15. WAS DECRASED EVER IN U. S. FANED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Paricle Longhay 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Paricle Longhay ADDRESS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING PRICE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING THE COUNTRIBUTION TO THE COUNT	5.	Female	6.COLOR OR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify)	1	last birthday)	
13. FATHER'S NAME PATHER'S NAME PATHER'S NAME 14. MOTHER'S MAIDEN NAME PATHER'S NAME 15. WAS DECEASED EVER IN U. S/ARMED FORCES? Yes, BO OF URBOUND. 16. USCALL 17. INFORMANT ADDRESS 18. 630.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH ONSET AND DE INTERVAL BETWOOD INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD INTERVAL BETWOOD ONSET AND DE INTERVAL BETWOOD ONSET A		done during most o	f working life, even if retired)	108. KIND		0 1		WHAT COUNTRY
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) JUDGELLYING CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION AND COLUMN CAUSE OF DEATH LYING OR CONTRIBUTING About home, farm, factory, etcet, office hidge, etc.) 10 JUDGELLY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURT? WHILE AT NOT WHILE MAJOR FOR MAJOR FINDINGS OF OPERATION AT WORK A	13	Patrice	IAME	ney	0	14. MOTHER'S MAIDEN	NAME	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION ABOUT ADMINISTRATING OR CONTRIBUTING OR CONTRIBUTING about home, farm, factory, street, office bidg, etc.) 10 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? 10 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? 11 JURY OCCUR? 23 A. SIGNATURE 24A. BURIAL, CREMA-1 24B. DATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Station, or county) (St	15 Ye	s, no or unknown)	D EVER IN U. SARMER (If yes, give wer or date	FORCES?		17. INFORMANT Petrick Lough	26230	ADDRESS
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from March 2, 19 3, to March 27, 19 3, that I last saw deceased alive on March 27, 19 3, and that death occurred at 7 2 m., from the causes and on the date stated about the deceased from March 2, 19 3, and that death occurred at 7 2 m., from the causes and on the date stated about the deceased from M. D. 24A. BURIAL, CREMA: 24g. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Station)	CATION	OISEAS (This does heart failurinjury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode of the complication which is complication which is complication which is complication which is complicated with the complication which is	FH of dying, e. g ns the disease caused death SES F ANY, GIVIN STATING TH	(B) Tubo.	c Endometr	aboceso, Z	ONSET AND DEATH
m. WHILE AT WORK AT WO	EDICAL CERTIF	TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF	TO THE DEATH, BUT SEASE OR CONDITION F OPERATION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PROT RELATE CAUSING IT	FINDINGS OF OPER LUMINAN ALE ACE OF INJURY (0.5.	RATION CLES Left. Uell D or 21c. WHERE DID	ire Endom	the Salsing
deceased alive on nach 27, 1953. and that death occurred at 750 m., from the causes and on the date stated about 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGN 23C. DATE SIGN 23C. DATE SIGN 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Station, REMOVAL (Specify)	2	ID. TIME (Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE AT WORK			
TION, REMOVAL (Specify)		deceased al	ive on march 2		and that death occur	rred at 7 P.m., from		n the date stated above.
	TIC	ON, REMOVAL (S	Q 3/30/	53	St. micka	el Genstern &	Prostburg	2. mary land
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE WILLIAM WIL				s signatu	illiams, M.T.	1/ 4 0		lb Paul St.

VS 150

3 3139 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF 2. DATE OF 804 DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION timore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Edgewaley th of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. m. Dec. 18 1952 10 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY INDUSTRY ma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no Jounknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

> 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

VES (If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) INJURY

21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE WHILF AT

Man. 28, 1953, that I last saw the deceased alive on Mar. 18, 1953, and that death occurred at 10:54 m., from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from Dec 21 , 1952, to

23c. DATE SIGNED

23A. SIGNATURE

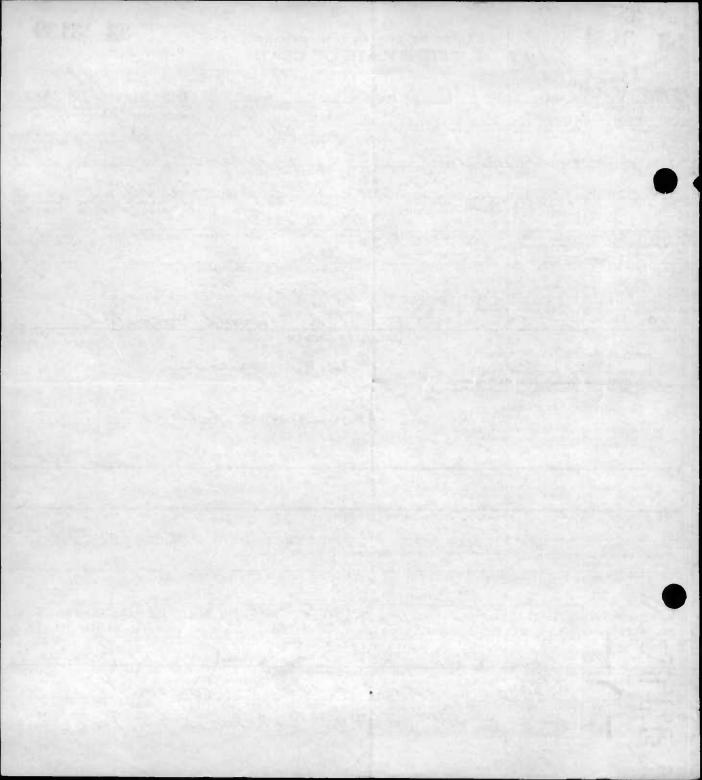
24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

24A. BURIAL, GREMA TION, REMOVAL (Spec

0008 OU

Surial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3140

1. NAME OF DECEASED 2. DATE (Type or Print) Mary Glenn DEATH March 28-1953 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION townshlp) 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2732 N. Calvert St. 2 days7 th of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED last birthday) Months: Days Hours! Min. Singl 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Balt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UnKnown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMABaltimore City Hospitals (Yes, no or unknown) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH Arteriosclerotic Heart Disease and (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO Failure ANTECEDENT CAUSES (B) Generalized Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID (If in Baltimore Clty, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 3-26-, 19 53 to 3-28-., 1953, that I last saw the 1953 and that death occurred at 12.30 M from the causes and on the date stated above. deccased alive on 3-28-23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave. BaltimoreMd. 3-28-1953 sheetles. 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, OREMA Bunial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

the drawing of the not trible that a full will be sufficient to the second of the second of the second of the second of to the state of th

_	420							
BI	3 31 RTH NO. 6	2-2902			TH DEPARTMENT	S. Registered	3 No	3141
1. (T	NAME OF D	ECEASED		luka		2. DATE OF Marc	h 27,	, 1953
А.	FULL NAME	City, Maryland	al or institution, give street addre	ss or A	. usual residence (. state Maryland	Where deceased lived, I B. COUNTY		ion : residence before admission)
IN	STITUTION	1705 Clark	son Street		Baltimore	f outside comparate lim	its, write	RURAL and give township)
c.		tay in Baltimore	M. D	los.	street address (19705 Clarkson S	Street		
1	sex Cemale	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp SINGLE	ecify)	ec. 4, 1952		If Under 1 Yo	ays Hours Min.
work	A. USUAL OC done during most of the control of the	CUPATION (GIve kind of of working life, even if retired)	10B. KIND OF BUSINESS OF	TRY 14	Baltimore, Mary Mary Mary Mary	rland		TIZEN OF HAT COUNTRY1
		Joseph Kluk			Pauline M. Thom	npkins		
(Yes	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY N	o. 17	oseph Kluka, l	705 Clarkson	Stree	s et
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which is an accordance of the complication which is also of the complication of the complicatio	f dying, e. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE DUE TO	oti	iemia: to med	overwlehn Lise	ing	4 day
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
EDICAL	19A. DATE C	F OPERATION 0 1	9B. MAJOR FINDINGS OF C			(Ya i D III	Y	O. AUTOPSY?
MEDI		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e about home, farm, factory, street, office	oldg.,etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exa	ict location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
		live on 3-24	ended the deceased from, 1953, and that death o	238.	24 , 1953, to dat 11 A.m., from ADDRESS	Agreed Thus	the date	
24 TIC	DN. BEMOVAL (S burial	24B. DATE 3/30/53	24c. NAME OF CEM	ETERY	OR CREMATORY 24D. I	e Arundel Co		2.0
	TE RECEIVE		S SIGNATURE	25	FUNERAL DIRECTOR	1017 C+	ADDR	

·263 53 3142

BALTIMORE CITY HEALTH DEPARTMENT

00	33.42
gistered No	

_	CEPTIFICATI	E OF DEATH Registered No.	
BI	RTH NO.	E OF DEATH	
1 . (T	NAME OF DECEASED Katherine M. N	Me Cond 2. DATE 3/29	100
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If inst	
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Md B. COUNTY	before admission)
4	DSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, wr	
	109 S. dinwood Ure	Balto 1-0	township
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	0.00
3. 5.	The foliation of Stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (In years) If Under	1 Year If Under 24 Hours
1	mala Whitz Widows d	9/28/1888 last hirthday) Months	
O	A. USUAL OCCUPATION (Give kind of tobs. KIND OF BUSINESS OR adone during most of working life, wen if retired)	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
	House wife Own Nous	Balto. Md.	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	HEYMAN OCHULZE	(Hackeyam) Maxson	1
15	was deceased ever in U. S. ARMED FORCES? 16/SOCIAL n. no or naknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	ESS
	No SECORITY NO	Malirin L. McCord 3422	tait ave
	18. 422.1 CAUSE	OF DEATH	INTERVAL BETWEEN
ı	DISEASE OR CONDITION DIRECTLY	1	ORSEL AND DEATH
	(Ithis does not mean the mode of dying, e.g., (A)	youardeal Wigowrieless	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	2' 0	
1	ANTECEDENT CAUSES	recular Illoulation	
	DISEASES OR CONDITIONS, IF ANY, GIVING		*****************************
1	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	malis and arteris sel mosis	
)	(c)	9	***************************************
1			
1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
,	TO THE DISEASE OR CONDITION CAUSING IT.		
1	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
)	21A. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City, give	exact location)
1	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., to CAUSE OF DEATH		chace location;
1	21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
4	m. WHILE AT NOT WHILE AT WORK AT WORK		
		ib 10 , 1947 to March 27, 1953, th	at I last sam th
	deceased alive on warch 26, 1953, and that death occur		
i		3B. ADDRESS 2	3c. DATE SIGNED
	Z.a. Flamgan J. M.D.	3501 tait the	3-28-53
24	AA. BURIAL, GRENA 24B. DATE 24C. NAME OF CEMETE	RY OR GREMATORY 24D. LOCATION (City, town, or c	ounty) (State)
	Burial 731/53 True		d.
0	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DRESS
-	MAD 30 105 the time or the to the	W=Cook Juc. /2/7 St. Pau	el st.
-7			

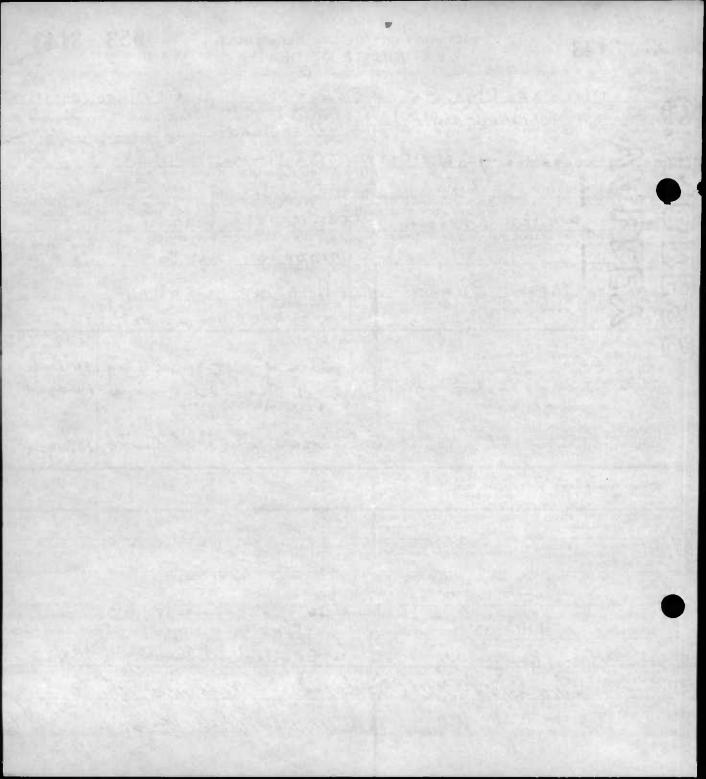
on the first term of the company of

3143 BALTIMORE CITY HEALTH DEPARTMENT 3143 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MRS. SALLY S. E 4. USUAL RESIDENCE (Where deceased lived, It institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Barringe Md.

B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) Manyland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township! Home for Incumables - 400 W. 40 ST. SaiTimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 6 yrs. 402 50 rth of stay in Baltimore 760 re Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years | 11 Under | 1 Year | 11 Under 24 Hours | last birthday) | Months: Days | Hours | Min. B. DATE OF BIRTH Whire Oct. 18. 1872 Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none MIDDAWay West UA. U.SA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HIEXANDER MASON ABRIET 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 700 W. 40 Ch ST. ER none INTERVAL BETWEEN CAUSE OF DEATH 420,0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., al Vascular Sissis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING inscherate Heart Disene 10 Days+ RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ü 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION DICA 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID ebout home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOTWHILE 2. I hereby certify that I attended the deceased from heard 16 1953 to hand 29, 1953 that I last saw the deceased alive on kind 19, 1953, and that death occurred at 1 43 /P.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE/SIGNED 15. Gereten M. D. 24A. BURIAL, CREMA-24B DATE 240 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25 JUNERAL BIRECTOR LOCAL REGISTRAR

VS 150

City-1

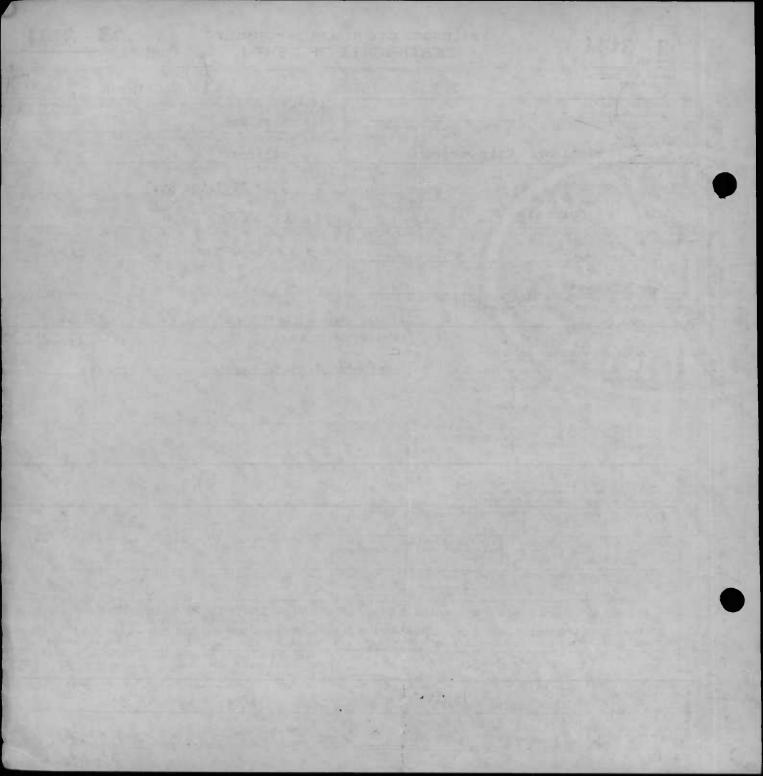


V S 151

1	-
The	
KLY, WITH UNFADING INK. Every item of information should be! fully supplied.	
fully	violv.
ald be	and les
ion shor	clearly
formati	of death
em of ir	causes (
Every it	rite the
INK.]	lease w
ADING	icians: r
H UNE	Physi
7, WITI	portant.
VLY	ini

130 1 to. Md.

	53 31	44		В			ALTH DEPART		Registere	53 d No_	31.44
B	NAME OF DECEASED								- DATE		
	(CHARLES OWEN						VS 2. DATE OF March 27, 1953				
	PLACE OF D Baltimore		farvland.				4. USUAL RESID	ENCE (Whe		l. If insti	
В.	FULL NAME			oital or instit	tution, give stree	Maryland					
	SPITAL OR	D 7				C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
10-		Bal	.timore	City N	lorgue	Baltimore J J D D D D D D D D D D D D D D D D D					
	Tonath of a	+ i	D. 14:								
April 1	Length of s		OR OR RAC	E 7. SING	LE. MARRIED	1543 Division St. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year It Under 24 Hours					
	Mare Lolored -				WED, DIVORC					Months	Days Hours Min.
10	A. USUAL OC	CUPAT	ION (Give kind	of 108. KI	ND OF BUSIN		11. BIRTHPLACE (ign country)	12.	CITIZEN OF
WOL	un Ka				nKnow	INDUSTRY	Balto	. ma	1.	10.	WHAT COUNTRY
13	13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME				
	unk	100	Y				un Known.				
15 (Ye	. WAS DECEAS	D EVER	IN U. S. ARM	ED FORCES?		L RITY NO.	17. INFORMANT			ADDR	ESS
bu	Known					DWAL	FARMEN No	cholso	N- 16 30	Mad	dison ADP.
RTIFICATION	II										
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
O	19A. DATE C				R FINDINGS	OF OPERA	ATION				20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.						n or 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?				
Σ	210. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK						21F, HOW DID INJURY OCCUR?				
-	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and f										
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes X , accident \square , suicide \square , homicide \square , undetermined \square .										
						238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER 47, 195 D. MEDICAL INVESTIGATOR (City, town, or county) (State					
2. TI	A. BURIAL. (S	CREMA-	248. PATE	00	24c. NAME	OF CEMETER	Y OR CREMATORY	24D. LOC	ATION (City, to	wn, or co	ounty) (State)
-	Buria		3 30	53	mt,		NYN	1321	to.m	d.	DEFEC
	ATE RECEIVE		REGISTRA	k's signa	TURE	443	25. FUNERAL DIR	ECTOR	1. 10		DRESS



53 3145 3145 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Nou DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Laure XYrs. D. STREET ADDRESS (If rural, give location) Mos. 326 Montgomer oth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In year) If Under I Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Insurance Lawver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edmund Nuttal 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Coronary (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 6 hrs. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOFSY

19A. DATE OF OPERATION 19B. MAJOR FINDINGS

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from.

21E. INJURY OCCURRED WORK !

21F. HOW DID INJURY OCCUR?

F INJURY

NOT WHILE! WHILE AT

AT WORK

	deceased alive on 3/29	, 1953. and that death occ	curred at 10 30 p.m.,	from the causes and
	23A. SIGNATURE	11-	23B. ADDRESS	+ 2/11t
	C. E. Ster	M. D.	nuverse	ty Hospila
24	AA. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEME	TERY OF CREMATORY	2AD, LOCATION (City

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

> REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR MALALLA makinglow

2AD. LOCATION (City, town, or county)

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

ERTIFICATION

EDICA

1953 that I last saw the

on the date stated above. 23c. DATE SIGNED

(State)

41-53 Just Heer Jewish Hours John Many John Many Many Many Many Many

Registered No 3146 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Hnna DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and rive INSTITUTION Hospital unoce D. STREET ADORESS (If ranal, give location) th of stay in Baltimore 6. COLOR OR RACE If Under | Year H Under 24 Hours 7. SINGLE, MARRIED AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. buchow 10A USUAL OCCUPATION (Giverind of 10B. KIND OF BUSINESS OR INDUST 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY our wite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME not smown 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknowo) SECURITY NO. 44.0 CAUSE OF DEATH 18. ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK AT WORK 2. I hereby certify that I attended the deceased from 3. Y. , 19.53. to . 1953 that I last saw the 19.53, and that death occurred at 5 15 pm., from the causes and on the date stated above. deceased alive on 3. 29 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE Hospital Balto M Morris Goldberg 3,29.53 24CANAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) BURIAL, CREMA-24B. DATE REMOVAL (Specify)

FUNERAL

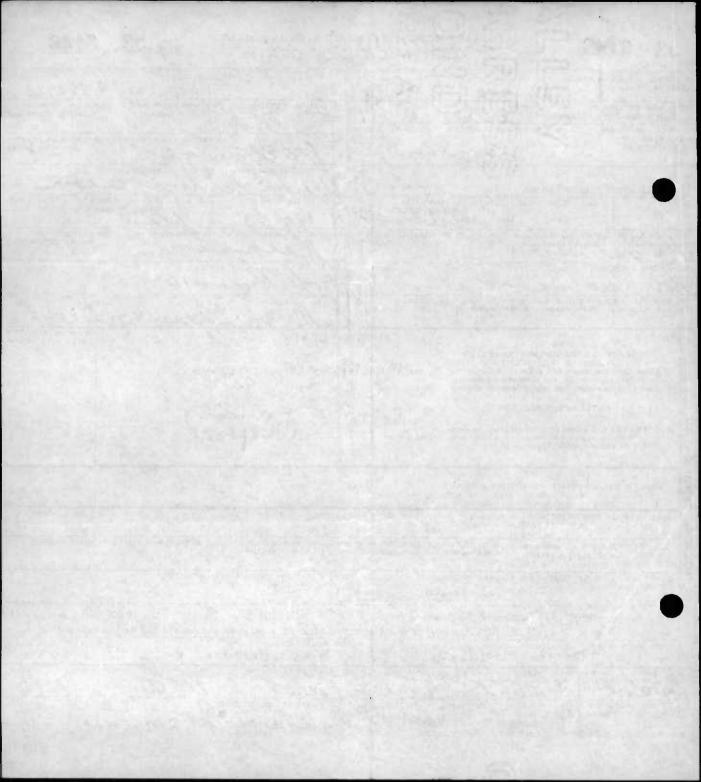
ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

SIGNATURE

REGISTRAR'S



-5	34	
53	3147	

F0	24	417	PAI	TIMORE CI	TV NE	ALTH DEPARTMENT	53	3147
53	31.4	*/				E OF DEATH	Registered :	
BIRTH	NO.			CERTIFI	CAIL	OI DEATH		
1. NAM (Type or	E OF DEC		TERRITORE	COINTE	m		2. DATE OF Market	h 06 1062
	E OF DEA	JOHN	HENRY	SCHMID	T	4. USUAL RESIDENCE (W		h 26, 1953
A. Balti	imore Cit	ty, Maryland				A. STATE	B. COUNTY	before admission
B. FULL HOSPIT	NAME O	F (If not in hospit	ai or instituti		ddress or location)	Maryland (If	outside cornorate limi	ts, write RURAL and give
INSTITU		E. Unive	noi tu	Donkrost		Baltimore	12	township
7 1/4	217	E. OHLVE	TOTON	rarhway	Yrs.	D. STREET ADDRESS (If	rural, give location)	V
c. Le	th of sta	y in Baltimore	62	yrs.	Mos. Days	219 E. Univer	rsity Park	way
5. SEX	e	COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED		8. DATE OF BIRTH		if Under 1 Year If Under 24 Hours onths; Days Hours; Min.
Mal	.e	white	wid	ower	(Specify)	July 5, 1868	84	Days Hours Min.
10A. US	UAL OCCI	UPATION (Give kind of vorking life, even if retired)	10B. KIND	OF BUSINESS	OUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
Bake			Bake		3031111	Germany		USA COUNTRY
13. FAT	HER'S NA	ME				14. MOTHER'S MAIDEN NA	ME	
		hmidt		Call		Unknown		
15. WAS Yes, no or	DECEASED nnknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT 219 1	E. Univers	bayes Pky
no				2.		Miss Carolyn G.	. Schmidt	
18.	610X			CA	AUSE C	OF DEATH		ONSET AND DEATH
		OR CONDITION			1.	t. 11		2111
('.	This does n	ot mean the mode of, asthenia, etc. It mea	f dying, e. g	, (A)	uu	te Uraomia	L	L weeks
in	jury or c	omplication which	nused death.) DUE TO				
	А	NTECEDENT CAUS	ES		U.	partracked Ph	++	
Z D		OR CONDITIONS, I				pertraphied Pr	os la le	
RI		E ABOVE CAUSE (A)		E DUE TO	Ą			
D RION			District	(C)		••••••••••••••••••	***************************************	
		Ш			- 194-			
ш 1 т	RIBUTING T	ONIFICANT CONDI	NOT RELATE	D				
		OPERATION 1		FINDINGS O	E OPER	ATION		I 20. AUTOPSY?
4 130.	DAIL OF	OF ENATION O	3B. MAJOR	TINDINGS 0	r Of En	ATTOR		YES NO
		NT WAS UNDER-		CE OF INJUR			f in Baltimore City,	
	NGL OR USE OF D	CONTRIBUTING	about home,	arm, factory, street, o	ollice hidg., e	(c.) INJURY OCCUR?		
		Ionth) (Day) (Year)	(Hour)	21E. INJURY O	CCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	NJURY		m.		OT WHILE			
22.	I herebu	certify that I att				rely 24, 1953, to M	anda 26. 195	3 that I last saw th
deed	eased aliv	ve on March 2	0. 1953	and that deat	h oceur	red at 4 Pm., from th	he causes and on	the date stated above
	SIGNATU	JRE, Oh	1	٨		3B. ADDRESS	H	23C DATE SIGNED
		eph Pukor			м. D.	zzoo E magi	**	3(27/5)
Z4A. B	URIAL CR	ecify) 24B. DATE	A				OCATION (City, town	n, or county) (State)
buri	.al	B/30/53			Ceme	tery Balt:	lmore, Md.	Moderate
	REGISTR			MALLIALUA	- My	HENRY SANDER &	SONS, INC	DODRESS
MIH	1301	John Thank	ington	1500nn	0 4	BALTO 13 Md.	Xlonge J	· Muser

VS 150

mile 11

BALTIMORE CITY HEALTH DEPARTMENT

53 31.48

	CERTIFICATE	OF DEATH	Registered	No
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) MARGARET	A. FREDERIC	K	2. DATE OF Mar. 2	26,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	E (Where deceased lived, I B. COUNTY	f institution : residence before admission
B. FULL NAME OF (If not in hospital or institution) INSTITUTION	location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and giv
3008 Clifton Par			imore &	township
c. gth of stay in Baltimore Lif	Yrs. Mos. Days	D. STREET ADDRESS	n Park Terra	ace
5. SEX 6. COLOR OR RACE 7, SINGLE WIDO	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Il Under I Year If Under 24 Hours onths Days Hours Min
rork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Baltimore,		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		14. MOTHER'S MAIDER		
John Willner		Eva B. Weh	ır	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT 613 Mr. G. Verno	Elmley Aver on Frederick	AQUARESS 13
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO	(B) (C)	s Generalis	Breast Ped Metasta	Sis
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	IT			
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERA	ATION		YES NO
21a. ACCIDENT WAS UNDER. 21b. PL LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in , farm, factory, street, office bldg., et	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID INJ	URY OCCUR?	
22. I hereby certify that I attended the		19, to.		_, that I last saw th
deceased alive on 19	and that death occur	BB. ADDRESS	m the causes and on t	he date stated above
Samel Parle	ch) M.D.	11 31. Bed	de St.	3/27/53
24A. BURIAL CREMA- TION, REMOVAL (Specify) burial 3/30/53	Baltimore		altimore, Mo	
DATE RECEIVED BY REGISTRAR'S SIGNAT		25 FUNERAL PURECTO		

SERVICE HERE AND ADDRESS OF THE PERSON OF TH

23/10 -BALTIMORE CITY HEALTH DEPARTMENT 53 Registered No 3149 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN F. MOMBERGER DEATH March 25, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 524 N. Kenwood Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life 524 N. Kenwood Avenue rth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Oct. 17, 1885 Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY TISA COUNTRY Ship Bldg. Pattern maker Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sophia Detken Adam Momberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 524 N. Kenwood Avenue 17. INFORMANT 16. SOCIAL SECURITY NO. Mrs. Anna M. Momberger no 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hypertensive Carditis 6vears heart failure, asthenia, etc. It means the disease, DUE TO Arterio Sclerosis injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

none

about home, farm, factory, street, office hidg., etc.)

25,953, and that death occurred at_

WHILE AT WORK

21E. INJURY OCCURRED

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or

LYING OR CONTRIBUTING

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that Lattended the deceased from deccased alive on

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

30/5

24C, NAME OF CEMETERY OR CREMATORY

Immanuel Cemetery

June

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

Baltimore, Md.

Mar 26 1710 E. 33rd. St. 24D. LOCATION (City, town, or eounty)

1945 to Mar. 25 19 53 that I last saw the

P.m., from the causes and on the date stated above.

(If in Baitimore City, give exact iocation)

ADDRESS

BALTO. 13, MD.

HENRY SANDER & SONS.

20. AUTOPSY

23c. DATE SIGNED

YES

LOCAL REGISTRAR MADONINES VS 150

DATE RECEIVED BY

burial

23A. SIGNATURE

EDICAL

entransist of the entransis

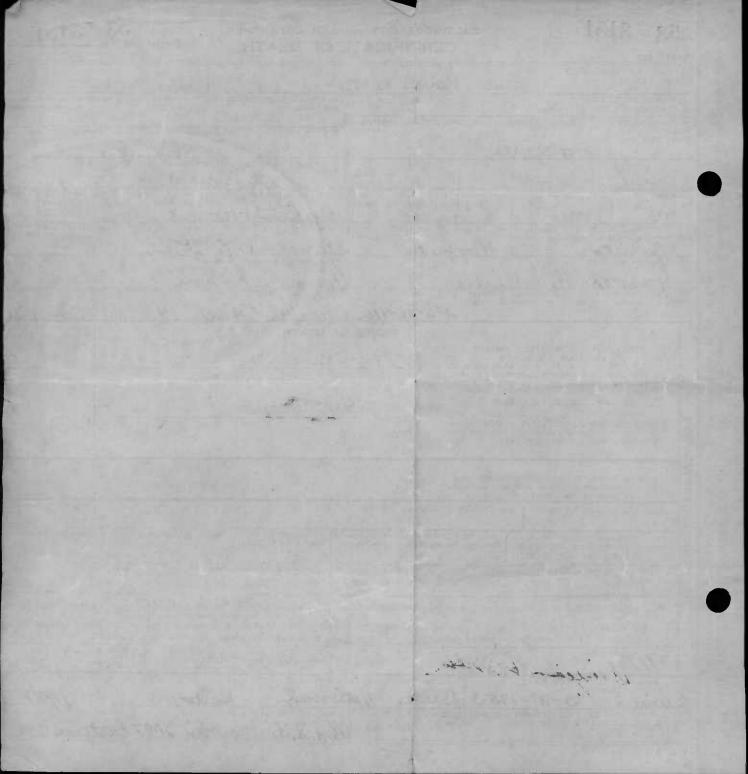
200	6-1 3	The state of the s					2 0 1
	52	2450	BAL	TIMORE CITY HE	EALTH DEPARTMENT	5.	3150
n of i	PULL 10 2	-0		CERTIFICAT	E OF DEATH	Registered No	
1. (T:	NAME OF ype or Print)		ALBER	T SCHULT	ZAKA SCHOZ	2. DATE OF Marc	h 28, 1953
	PLACE OF Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : résidence before admission)
В.	FULL NAME	OF (If not in hospi	tal or institut	on, give street address or		Balt	immer
	STITUTION		(location)		outside corporate limits,	write RURAL and give township)
-	outh	Baltimore	Gener	Yrs.	D. STREET ADDRESS (If r		22 1
c.	th of	stay in Baltimore		Mos. Days	1	Iclaire Ro	ad
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mul	der I Year If Under 24 Hours
1	Male	White		ORCED	007,30,1897	35	
		CCUPATION (Give kind o stof working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	P		14. MOTHER'S MAIDEN NA	ME	
	AR	le			Clara Sch	wastrin	an /
15 (Yes	WAS DECEA	SED EVER IN U. S. ARME (If you, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17-INFORMANT	3/1000	BEFEL DA
	18. 00 6	2×		CAUSE	OF DEATH		INTERVAL BETWEEN
		ASE OR CONDITION		0	0.	Part of the	
		LEADING TO DEA	of dying, e. g		Kulinonak	***************************************	1 12
	heart fai	lure, asthenia, etc. It me r complication which	ans the diseas caused death	e, .) DUE TO			
		ANTECEDENT CAU	SES	RA	T.1	,	
Z	DICEAC	ES OR CONDITIONS.	IE ANY CIVIA	(B)	morary filero		2 yRs
F	RISE TO	THE ABOVE CAUSE (A)	STATING TH		Tube.	Cultica.	2. 1/2 YRS
§ U	ONDAN			(c)	monary of	.000800	02 3 7 7 3_
ERTIFICATION		n		1			
K	TRIBUTII	SIGNIFICANT COND NG TO THE OEATH, BUT	NOT RELATE	0 8/1,0,01.	ed aferissel		5 YRS.
Ü		OF OPERATION		FINDINGS OF OPE		CC 8 CO	20, AUTOPSY?
A	ION. DATE	or or Enamon	100.111/10011	THEMOS S. S. S.			YES NO
EDICA		DENT WAS UNDER- OR CONTRIBUTING	7 4 4 4	CE OF INJURY (e. g., i arm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
Σ	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJUR	Y	m.	WHILE AT NOT WHILE			
L	22. I here	thu certify that I at			1953, to Ma	rch 28 1953	that I last saw the
	deceased	alive on March 2	1953	and that death occur	rred at 8: 7 m., from th	he causes and on the	
	23A. SIGN	ATURE			23B. ADDRESS	111.	23c. DATE SIGNED
		Moneuro	4	M. D.	ERY OR CREMATORY 240. LC	OCATION (City, town, o	r county) (State)
TIC	N. REMOVAL	CREMA- (Specify)	1-0	24C. NAME OF CEMETE		Balls Go	(Diane)
D	ATE RECEIV	ED BY REGISTRAR	S SIGNATI	Hairid / 16	25. FUNERAL DIRECTOR		ADDRESS
	CAL REGIS		and the same	Vigues M.P.	well thend	Home 2112	Dundall
	VS 150	300 0		- 1 -			
1				64	050		

Bex, 30, 1897 35

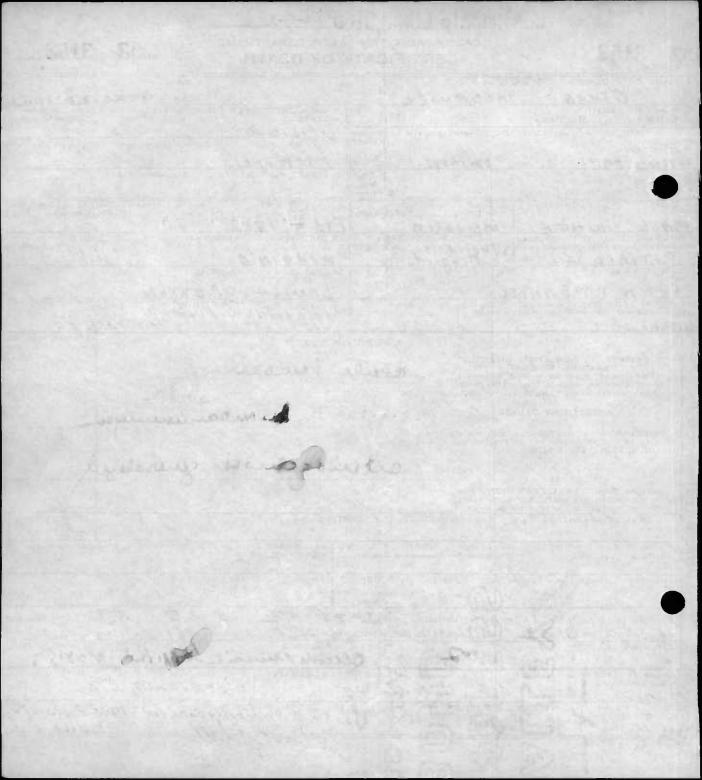
1660

Elara Shuar Brus. Cather Ed.

Birth & ..



Negotia.	235	CERTIFICA	TE CORRECTE	4-8-53	- 1	
5	3 31.52 RTH NO.	ВА	CERTIFICATI	EALTH DEPARTMENT	Register 3No.	3152
1.	NAME OF DECEASED		ENIE L		2. DATE OF DEATH MACE	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	PLACE OF DEATH: Baltimore City, Ma:		ZDIIC L	4. USUAL RESIDENCE (
В.	FULL NAME OF (If		tion, give street address or	WIRDINIA	V-43	
IN	SPITAL OR STITUTION		location)		I outside corporate limits, w	vrite RURAL and give township)
LA	NICH MISTA	eripe no.	Yrs.	D. STREET ADDRESS (If	f rural, give location)	
c.	th of stay in Ba	altimore	2 -Mos.			
5.	SEX 6. COLO		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		er 1 Year If Under 24 Hours is Days Hours : Min.
10	A. USUAL OCCUPATIO		D OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country) 1 12	. CITIZEN OF
	done during most of working life	evenifretired) Whe!	esale INDUSTRY			WHAT COUNTRY?
13	FATHER'S NAME	lesman H	7990003	14. MOTHER'S MAIDEN N		
_	JOHN IME	DANIEL		Louist Ci	BOXTON	
15 (Yes	. WAS DECEASED EVER IN , no or unknown) (If yes, a	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17/ NEGRMANTINE C.	McDaniel ADD	RESS
4	MKHAWN	No		WIFE	Montros	
	18. 451X	1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADIN	ONDITION DIRECTLY	b .00	e hemorrh	000	
	heart failure, astheni	n the mode of dying, e a, etc. It means the disc tion which caused dea	ise,		1	
		DENT CAUSES	un.) 502 10		aoutic	
Z		- Dries	(B) Reapt	may primi	ar ammy	
ATIC		IDITIONS, IF ANY, GIV CAUSE (A) STATING NDITION LAST.				
FIC			arte	rios clusici	, generaliza	.a
ERTI		II ANT CONDITIONS CODEATH, BUT NOT RELA			0	
Ü		CONDITION CAUSING		ATION		20. AUTOPSY?
AL		0				YES NO
EDICAL	21A. ACCIDENT, SUIC HOMICIDE (Specify		ACE OF INJURY (e. g., in , farm, factory, atreet, office bldg., e		If in Baltimore City, give	e exact location)
Σ	21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURR		Y OCCUR?	
		gh.	WHILE AT NOT WHILE			
		1 /	- January Language -	26-530 to 3	-28 195	hat I last saw the
	22. hereby certify	that I attended th	e aeceasea jrom	-10-		
	deceased gline on	that I attended th	, and that death occur	red at 5 m., from	the causes and on the	date stated above.
	deceased alive on 2	that I attended the	and that death occur	13B. ADDRESS WWW. Munice	the causes and on the	date stated above.
	deceased aline on 228A. SIGNATURE A. BURIAL, CREMA- DN. REMOVAL (Specify)	that I attended the 1953 M N N 1953 148. DATE 1-31-5-3	, and that death occur	Tyed at 2 m., from 3B. ADDRESS RY OR CREMATORY 24D. 1	the causes and on the LOCATION (City, town), and lawn, N	date stated above. 239. DATE SIGNED (bunty) (State)
D	deceased aline on 2 2BA, SIGNATURE 3A. BURIAL, CREMA- 2DN, REMOVAL (Specify) 3 UF 13	1953 M M M M M M M M M M M M M M M M M M M	and that death occur M.D. 24C. NAME OF CEMETE Wood/aw	Tyed at 2 m., from 3B. ADDRESS RY OR CREMATORY 24D. 1	the causes and on the work of lawn, North 1960 1960 1960 1960 1960 1960 1960 1960	date stated above. 23d. DATE SIGNED 24 S 3 dounty) (State) 24. DDREES tow Pl.
000	deceased aline on 22 AA, SISNATURE 22 AB, SISNATURE 22 AB	M 1070 14B. DATE 1-31-5-3	and that death occur M.D. 24C. NAME OF CEMETE Wood/aw	ryed at 2 m., from 38. ADDRES LUCK PRIMATE RY OR CREMATORY 240, 1	the causes and on the work of lawn, North 1960 1960 1960 1960 1960 1960 1960 1960	date stated above. 239. DATE SIGNED (bunty) (State)

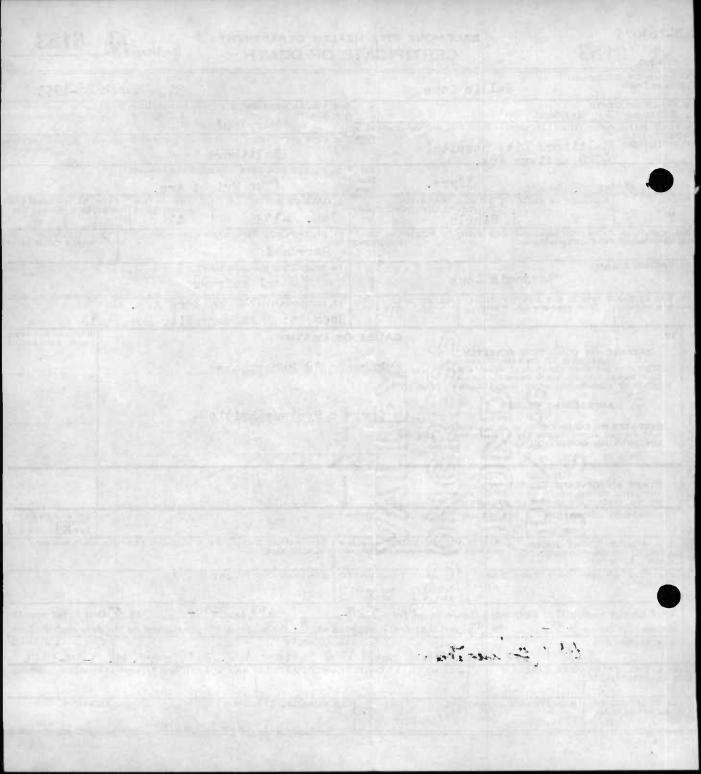


AB-169075 53 3153

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3153

BIF	1714 NO.	1.00		CERTIFICAT	E OF DEATH	registered	
1. (Ty	NAME OF D pe or Print)	ECEASED	Sallie	Lowe		2. DATE OF Mar	ch 28-1953
A. B. F	FULL NAME SPITAL OR	City, Maryland OF (If not in hospit Baltimore Ci	ty Hosp	on, give street address or location)		B. COUNTY outside corporate limi	f institution : residence before admission) ts, write RURAL and give township)
c.]	th of st	4940 Eastern tay in Baltimore		Yrs. Mos. Days	d. STREET ADDRESS (If	rural, give location)	
	EX.	6. COLOR OR RACE	Singl		Jan. 8-1936	last birthday) M	If Under 1 Year II Under 24 Hours onths Days Hours Min.
ork (FATHER'S N	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Mary land 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY
		Ben j a	min Low		Naomi Andre	ews	
Yes,	no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Ea	estern Ave. A	itals
ENTIFICATION	(This does heart failu injury or DISEASES RISE TO TI UNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode of the complexition which of the complexition of the complexities	TH of dying, e. g ns the disease caused death SES F ANY, GIVIN STATING TH SST. TIONS CDN NOT RELATE	(B) Chro	chnoid Hemorrhage		
7		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
DA	LYING OF CAUSE OF 21D. TIME (OF INJURY)	Month) (Day) (Year) y certify that I att ive on 3-28- FURE A C CREMA- Decify) D BY REGISTRAR	dended the 1953, 1958	24C. NAME OF CEMETE	ED 21F. HOW DID INJURY B= 1953, to 3- rred at 4.30Pm., from to 1958. ADDRESS 1940 Eastern Ave.	-28, 19	53that I last saw the the date stated above 23c. DATE SIGNED d. 3-29-1953
	VS 150		13			Cal	Level mol



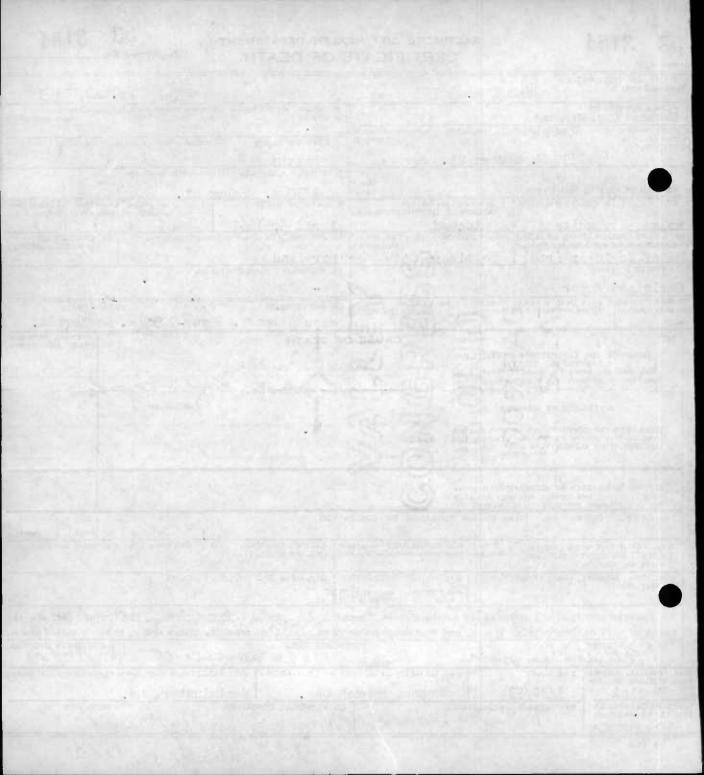
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF HOWARD M. ROYER Mar. 26, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write-RURAL and give INSTITUTION 2730 W. Mosher St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 2730 W. Mosher St.

8. DATE OF BIRTH

9. AGE (In years li Under 1 Year last birthday)

9. AGE (In years li Under 1 Year last birthday)

Months Days Hours Min. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 5. SEX April 5, 1867 85
11. BIRTHPLACE (State or foreign country) male white widowed 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Chief Engineer (rtd) Baltimore City Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian Royer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Ellen S. Royer-2730 W. Mosher St. INTERVAL BETWEEN 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION NO X 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from mach 22, 1953, to hund 26, 1953, that I last saw the deceased alive on hand 16, 1953, and that death occurred at 1950m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 1729 w Lowband 60 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 3/30/53 Burial Meadow Branch Cem. Westminster. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE //// LOCAL REGISTRAR MADONING VS 150



3155 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) CHARLES W. DASHIELL OF 3-27-53 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN D. STREET ADDRESS (If rural, give location) Yrs. 919 N. AUGUSM AUE th of stay in Baltimore Days 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) May 6, 1911 married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? assit. manager Parts Autos - retail -. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Estella Bowen Charles W. Dashiell, Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. W. E. Dashiell - Riva. Ma. 18. 224X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH POST OPERATIVE EDEMA AND (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, . Azzaf pretrutigotal injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

3-24-53

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

23A BIGNATURE

LOCAL REGISTRAR

LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

21c. WHERE DID

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY AT WORK 22. I hereby certify that I attended the deceased from. 3-19 deceased stive on 3-27

40,1053, to 3-27 , 19 3 that I last saw the , 1953. and that death occurred at 9 Am., from the causes and on the date stated above. 23c. DATE SIGNED

24D. LOCATION (City, town, or county)

Randallstown. Md.

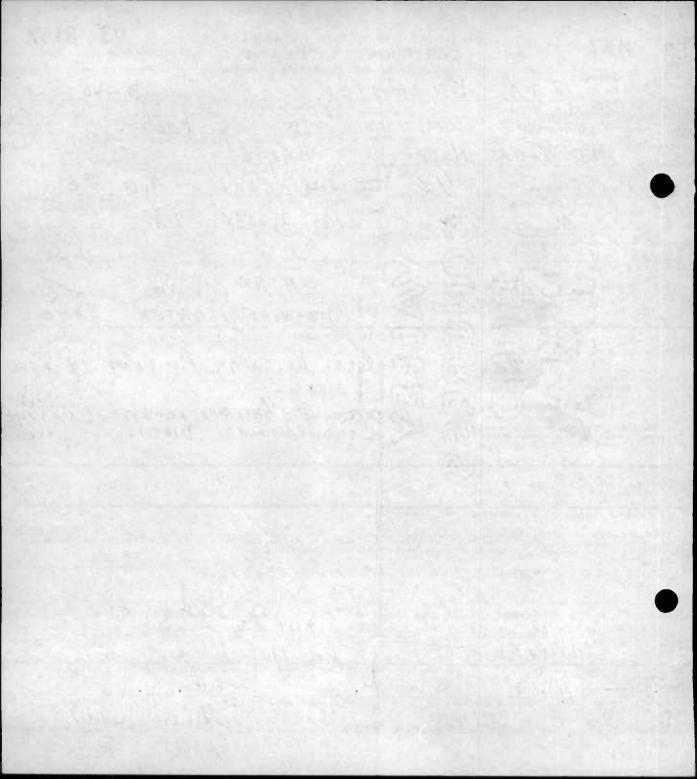
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 248 DATE 24c. NAME OF CEMETERY OR CREMATORY 3/30/53 Mt. Olive Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR ADDRESS

VS 150

620				
53 3156 BIRTH NO.	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	3156
1. NAME OF DECEASED Parks	, Geor	ge A.	2. DATE OF DEATH	7/53
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or inst	tution, gi <u>ve stre</u> et address or	4. USUAL RESIDENCE (W	Where deceased lived. If inst B. COUNTY	itution: residence before admission)
HOSPITAL OR LITTLE GILL AT	copo la location)	C. CITY OF TOWN US	outside corporate limits, w	rite RURAL and give township)
c. Leth of stay in Baltimore	Yrs. Mos. Days	000	rural, give location)	Sb. /29)
5. SEX 6. COLOR OF RACE 7. SIN WID	GLE, MARRIED, OWED, DIVORCED (Specify)	12/8/89	9. AGE (In years If Under Jast birthday) Months	l Year If Under 24 Hours Days Hours Min.
ork done during most of working life, even if retired)	GOV't.	11. Birthplace (State or for Maryland	oreign country) 12.	CITIZEN OF
John Parks		14. MOTHER'S MAIDEN N. Carrie Scheidt	AME /	
15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or nuknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. Lula M. Pa	rks - 222 Edger	
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di- injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A) Typ. sease, eath.) DUE TO (B) US	slasive (vascula uremie	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI O TO THE DISEASE OR CONDITION CAUSIN	LATED MICH	hydrou	ephrosis	
19A. DATE OF OPERATION 19B. MAJ U 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) about ho	OR FINDINGS OF OPER PLACE OF INJURY (e.g., i me, farm, factory, street, office bldg.,	v nor 21c. WHERE DID (1	If in Baltimore City, give	20. NUTOPSY? YES NO exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby certify that I attended to decease alive on 3/27, 195	2, and that death occur	Me ADDRESS TO THE TO	he causes and on the o	3 2763
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Urial 3/31/53	Baltimore Ce		ocayion (City, town, or o	(State)
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR HUNTERS	Ature M.P.	25. JUNERAL DIRECTOR	chued +2	DRESS
VS 150	570	91	Boeto 1;	nd'

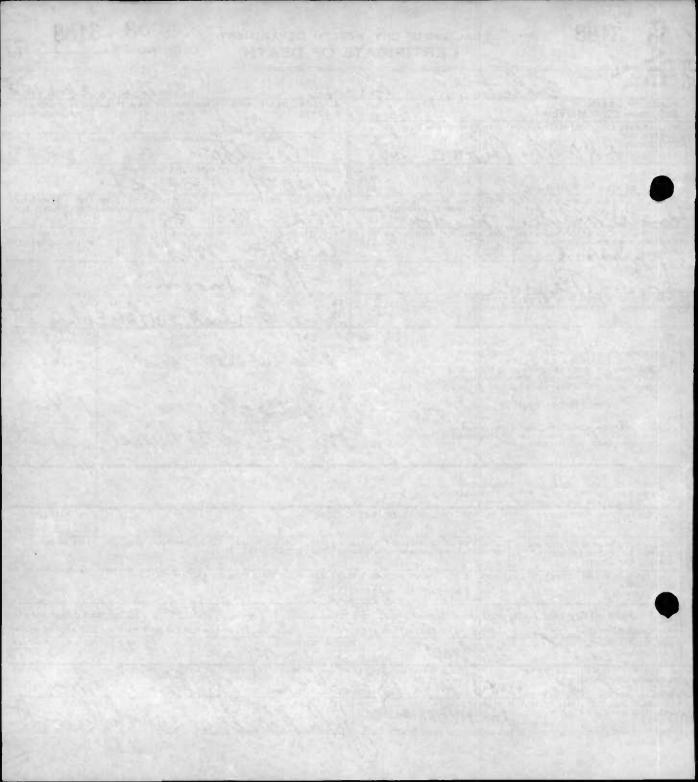
- 9	176	2					
1	900	, E-179	BAL	TIMORE CITY HE	EALTH DEPARTMEN	т.,	53 3157
BI	DE S.	1,37		CERTIFICAT	E OF DEATH	Registered	No
1.	NAME OF Dype or Print)	DECEASED	DA E	3 0 0 1/ 10 1/	20	2. DATE OF	00 1==
	PLACE OF		VA L	3 ROCK MY	4. USUAL RESIDENCE	DEATH	-28-53
A.		City, Marylan		on, give street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR			location)		(If outside corporate lin	nits, write RURAL and give
/	/ / /	MD. (SEN. F	OSP.	BALTO.		township)
_	Len of	stay in Baltime	nro	73 Yrs.	5128 KENW	1 -	- #6
-	SEX	6. COLOR OR F	ACE 7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
	1	W		W	UAN. 3, 188	0 73	Months Days Hours Min.
	k done during most	of working life, even if		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	HOUSE FATHER'S				14. MOTHER'S MAIDEN	NAME	10.5.
	VERG	ME	AIRE	Y	LAURA	Hartley	
1.5 Ye	. WAS DECEAS	ED EVER IN U.S.	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	CARTER	ADDRESS SAME
	18. 1616	2. 🗸		CALISE	OF DEATH	-///(() /	INTERVAL BETWEEN
	TT		ION DIRECTLY			Λ	ONSET AND DEATH
			node of dying, e.g	. CEREB	RAL VASCULA	R MeeIDEI	NT 34 DAXS
	injury or	complication w	It means the disease hich caused death.	DUE TO			
		ANTECEDENT	CAUSES	HYPERT	FASINE ARTE	RIDSCLERAT	e HALAMAN
200		S OR CONDITIO	NS, IF ANY, GIVIN	G (B) HYPERT	ENSINE ARTEI	RIOSCLEROT DISEAS	C UNKNOWN
MINON	RISE TO	S OR CONDITIO	NS, IF ANY, GIVINE (A) STATING TH	G DUE TO CA	ENSINE ARTEI ARDIOVASCULAR	RIOSCLEROT	CE UNXNOUR
IFICATION	RISE TO	S OR CONDITION THE ABOVE CAUS YING CONDITION	NS, IF ANY, GIVINE (A) STATING TH		and the second second	RIOSCLEROT DISEAS	E UNXNOWN
ERIFICATION	OTHER	S OR CONDITION THE ABOVE CAUS YING CONDITION II SIGNIFICANT C	NS, IF ANY, GIVINE (A) STATING TH	(C)	and the second second	RIOSCLEROT DISEAS	CE UNXNOUR
CERTIFICATION	OTHER TRIBUTIN	S OR CONDITIC THE ABOVE CAUS YING CONDITIC II SIGNIFICANT C G TO THE DEATH, DISEASE OR CONE	ONS, IF ANY, GIVIN (A) STATING TH ON LAST. CONDITIONS CON BUT NOT RELATE	(C)		RIOSCLEROT DISEAS	
AL CERTIFICATION	OTHER TRIBUTIN	S OR CONDITIC THE ABOVE CAUS YING CONDITIC II SIGNIFICANT C G TO THE DEATH,	ONS, IF ANY, GIVIN (A) STATING TH ON LAST. CONDITIONS CON BUT NOT RELATE	(C)		RIOSCLEROT DISEAS	20. AUTOPSY?
EDICAL CERTIFICATION	OTHER TRIBUTIN TO THE I	S OR CONDITIC THE ABOVE CAUS YING CONDITIC SIGNIFICANT C G TO THE DEATH, DISEASE OR COME OF OPERATION DENT WAS UND OR CONTRIBUTION	ONDITIONS CONDITION CAUSING IN 198. MAJOR	(C)	RATION		20. AUTOPSY?
MEDICAL CERTIFICATION	OTHER TRIBUTIN TO THE I 19A. DATE 21A. ACCILLYING CAUSE OF 21D. TIME	S OR CONDITIC THE ABOVE CAUS YING CONDITIC SIGNIFICANT C G TO THE DEATH, DISEASE OR CONE OF OPERATION DENT WAS UND OR CONTRIBUTIL DEATH (Month) (Day)	ONDITIONS CON BUT NOT RELATE DITION CAUSING IT 19B, MAJOR OF REATE OF THE REATE OF	CE OF INJURY (& g.,	RATION in or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City	20. AUTOPSY?
MEDICAL CERTIFICATION	OTHER TRIBUTIN TO THE I	S OR CONDITION THE ABOVE CAUS YING CONDITION II SIGNIFICANT OF OTHE DEATH, OF OPERATION DENT WAS UND OR CONTRIBUTION DEATH (Month) (Day)	ONDITIONS CONBUT NOT RELATE DITION CAUSING IT 19B. MAJOR ER. 21B. PLA about home, for (Year) (Hour) 2 m.	FINDINGS OF OPER CE OF INJURY (e.g., 1 arm, factory, street, office bldg., 21E. INJURY OCCURR WORK AT WORK	RATION in or 21c. WHERE DID 1000. INJURY OCCUR? ED 21f. HOW DID INJU	(If in Baltimore City	20. AUTOPSY?
MEDICAL CERTIFICATION	OTHER TRIBUTIN TO THE I	S OR CONDITION THE ABOVE CAUSE YING CONDITION TO THE DEATH OF OPERATION OF OPERATION OF CONTRIBUTION (Month) (Day)	ONDITIONS CONBUT NOT RELATE DITION CAUSING IT About home, for (Year) (Hour)	FINDINGS OF OPER CE OF INJURY (e. g., in arm, factory, street, office bldg., carm, factory at reet, office bldg., carm, factory, street, office bldg., carm, str	RATION in or 21c. WHERE DID injury occur? ED 21f. HOW DID INJU	(If in Baltimore City	20. AUTOPSY? YES NO 7. give exact location) 7. that I last saw the
MEDICAL CERTIFICATION	OTHER TRIBUTIN TO THE I	SOR CONDITION THE ABOVE CAUSE YING CONDITION TO THE DEATH OF OPERATION OF OPERATION OF CONTRIBUTION (Month) (Day)	ONDITIONS CONBUT NOT RELATE DITION CAUSING IT About home, for (Year) (Hour)	FINDINGS OF OPER CE OF INJURY (e.g., inflored bldg., inflored	RATION in or 21c. WHERE DID etc.) INJURY OCCUR? ED 21f. HOW DID INJU 2 2 , 1953, to rred at 4:55 P m., from	(If in Baltimore City	20. AUTOPSY? YES NO 7. give exact location) 7. that I last saw the the date stated above.
MEDICAL CERTIFICATION	OTHER TRIBUTIN TO THE I	SOR CONDITION THE ABOVE CAUS YING CONDITION SIGNIFICANT OF G TO THE DEATH, DISEASE OR CONF OF OPERATION DENT WAS UND PRESENT CONTRIBUTE DEATH (Month) (Day) The present of	ONDITIONS CONBUT NOT RELATE DITION CAUSING IT ABOUT HOME. STATE OF THE PROPERTY OF THE PROPERT	FINDINGS OF OPER CE OF INJURY (e.g., tarm, factory, street, office bldg., P. I.E. INJURY OCCURR WORK NOT WHILE AT WORK deceased from 2 and that death occur M. D.	RATION in or 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID INJURY - 22 2 1953, to rred at 4:55 pm., from 23 B. ADDRESS	(If in Baltimore City RY OCCUR? 3-28, 199 1 the causes and on	20. AUTOPSY? YES NO 7. give exact location) 7. give exact location 6. give exact location 7. give exact location 8. give exact location 9. give exact location 1. give exact location 1. give exact location 1. give exact location 2. give exact location 2. give exact location 3. give exact location 4. give exact location 5. give exact location 6. give exact location 7. give exact location 9. give exact location 1. give
TI	OTHER TRIBUTIN TO THE IT 19A. DATE 21A. ACCII LYING CAUSE OF INJURY 22. I here deceased of 23A. SIGNA	S OR CONDITION THE ABOVE CAUS YING CONDITION SIGNIFICANT OF G TO THE DEATH. DISEASE OR CONDITION OF OPERATION DENT WAS UNDER CONTRIBUTE DEATH (Month) (Day) TO PROVIDE THE CONTRIBUTE DEATH (Month) (Day) TO PROVIDE THE CONTRIBUTE DEATH TO THE CO	CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 19B. MAJOR (Year) (Hour) 2 Lattended the 3, 19.5.1.	FINDINGS OF OPER CE OF INJURY (e. g., 1 arm, factory, street, office bldg., 21E. INJURY OCCURR WORK AT WORK deceased from 2 and that death occur M. D. 24C. NAME OF CEMETE	ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? Tred at 4:55 P. m., from 23B. ADDRESS ERY OR CREMAJORY 24D	(If in Baltimore City IRY OCCUR? 3-28, 199 1 the eauses and on LOCAMON (City, tow	20. AUTOPSY? YES NO 7. give exact location) 7. give exact location 6. give exact location 7. give exact location 8. give exact location 9. give exact location 1. give exact location 1. give exact location 1. give exact location 2. give exact location 2. give exact location 3. give exact location 4. give exact location 5. give exact location 6. give exact location 7. give exact location 9. give exact location 1. give
TIC	OTHER TRIBUTIN TO THE I 19A. DATE 21A. ACCII LYING OF CAUSE OF INJURY 22. I here deceased of 23A. SIGNA 4A. BURIAL. ON REMOVAL (BUTIAL)	SOR CONDITION THE ABOVE CAUS YING CONDITION ISIGNIFICANT OF G TO THE DEATH, DISEASE OR CONT OF OPERATION DENT WAS UND OR CONTRIBUTE DEATH (Month) (Day) TO rectify that by eertify that by eertify that creamy 24B, D. Specify, 3/31	ONDITIONS CONBUT NOT RELATE DITION CAUSING IT Plant Houring IT Attended the 19.53.	FINDINGS OF OPER CE OF INJURY (e.g., arm, factory, street, office bldg., arm, factory, street, office bldg., arm, factory, at work at work at work at work at work and that death occurrent that deat	ED 21F. HOW DID INJURY OCCUR?	(If in Baltimore City RY OCCUR? 3-28, 199 1 the causes and on	20. AUTOPSY? YES NO 7, give exact location) 53 that I last saw the the date stated above. 33c DATE SIGNED YN, or county) (State)
TIC D	OTHER TRIBUTIN TO THE IT 19A. DATE 21A. ACCII LYING CAUSE OF INJURY 22. I here deceased of 23A. SIGNA	S OR CONDITION THE ABOVE CAUS YING CONDITION SIGNIFICANT OF G TO THE DEATH OF OPERATION DENT WAS UND R CONTRIBUTE DEATH (Month) (Day) ON certify that by certify that by certify that CREMA 24B, D. SPECIFY 3/31 ED BY REGIST	CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 19B. MAJOR (Year) (Hour) 2 Lattended the 3, 19.5.1.	FINDINGS OF OPER CE OF INJURY (e.g., arm, factory, street, office bldg., arm, factory, street, office bldg., arm, factory, at work at work at work at work at work and that death occurrent that deat	ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? Tred at 4:55 P. m., from 23B. ADDRESS ERY OR CREMAJORY 24D	(If in Baltimore City IRY OCCUR? 3-28, 199 1 the eauses and on LOCAMON (City, tow	20. AUTOPSY? YES NO 7. give exact location) 7. give exact location 6. give exact location 7. give exact location 8. give exact location 9. give exact location 1. give exact location 1. give exact location 1. give exact location 2. give exact location 2. give exact location 3. give exact location 4. give exact location 5. give exact location 6. give exact location 7. give exact location 9. give exact location 1. give
TIC D	OTHER TRIBUTIN TO THE I 19A. DATE 21A. ACCII LYING CAUSE OF 21D. TIME OF INJURY 22. I here deceased of 23A. SIGNA AA. BURIAL. ON. REMOVAL (BUTIAL)	S OR CONDITION THE ABOVE CAUS YING CONDITION SIGNIFICANT OF G TO THE DEATH OF OPERATION DENT WAS UND R CONTRIBUTE DEATH (Month) (Day) ON certify that by certify that by certify that CREMA 24B, D. SPECIFY 3/31 ED BY REGIST	ONDITIONS CONBUT NOT RELATE DITION CAUSING IT Plant Houring IT Attended the 19.53.	FINDINGS OF OPER CE OF INJURY (e.g., arm, factory, street, office bldg., arm, factory, street, office bldg., arm, factory, at work at work at work at work at work and that death occurrent that deat	RATION In or 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID INJURY 0. 1953, to 1953,	(If in Baltimore City IRY OCCUR? 3-28, 199 1 the eauses and on LOCAMON (City, tow	20. AUTOPSY? YES NO 7, give exact location) 53 that I last saw the the date stated above. 33c DATE SIGNED YN, or county) (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 31.58 Registered No.

BIRTH NO.				
NAME OF DECEASED Type or Print)	J. T.		2. DATE OF	
One	suna gr	een	DEATH MAL	, 28-1950
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE ((Where deceased lived, If i	institution : residence before admission)
FULL NAME OF (If not in hospit				
NSTITUTION HHO M.	Rose St.	c, CITY OR TOWN	If outside corporate limits	, write RURAL and give township)
	Yrs		frural, give location	
th of stay in Baltimore	Mos Day		Tose St	•
Temale White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH		Under I Year If Under 24 Hours nths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of orking life, even if retired)			foreign country)	12. CITIZEN OF
Houseword	INDUSTR	Walte.	Md.	WHAT COUNTRY
3. FITHER'S NAME		14. MOTHER'S MAIDEN	NAME	network of the same
John Olegn	er	MOT IL	nown	
(ou no or unknown) (If you, give war or date	D FORCES? 16. SOCIAL es of service) SECURITY NO.	7. INFORMANT	0 - 0 AE	DDRESS ,
		Trene werk	and 2317 Mc	Eldery St.
18. 422,1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY	Mulerard	stea bente	, dall
(This does not mean the mode of	of dying, e.g., (A)	I MAN COURS	De December	1 Comme
heart failure, asthonia, etc. It mos injury or complication which				V
ANTECEDENT CAUS	SES	arteriorely	In Carlos	10 46600
DISEASES OR CONDITIONS, 1	(B)	MANAGER		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	miletand	ter durine	1 worth
ONDERETING CONDITION E	(C)	1 1090 SOLILIN		
П				
OTHER SIGNIFICANT COND. TRIBUTING TO THE DEATH, BUT				
TO THE DISEASE OR CONDITION				
19A. DATE OF OPERATION	198. MAJOR FINDINGS, OF OP	ERATION		20. AUTOPSY?
	Late Black of Mundy ((Te ! P III C'	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		(If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCUR	RRED 21F. HOW DID INJUR	RY OCCUR?	
OF INSURT	m. WHILE AT NOT WHILE	LE		
I hereby certify that I at	tended the deceased from		MAN 28, 195	that I last saw th
deceased alive on new . 2.	1953 and that death occ	surred at leA. m. from	the causes and on th	
23A. SIGNATURE	1. Anast	23B. ADDRESS	.D. WINAI	23c. DATE SIGNED
paina /1.	M.D.	33MMMMMM AT	~ JUMINIK 119	17A1. 30,1953
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEME	TERY OR CREMATORY 240.	LOCATION (City, town,	or county) (State)
Burial Mar.3	1-50 MA. 6an	mel Jem - C	Gallo.	mol.
OCAL REGISTRAR	'S SIGNATURE	2 FUNERAL DIRECTOR	0 -22.1	ADDRESS
AR 3 U 1933 17 Junha	A CONTRACTOR OF A	John W. Mill	w 2334 g	Hurson.
VS 150			1/1	1



- Comment	2	Home
50	24	50
53	31	99

BALTIMORE CITY HEALTH DEPARTMENT

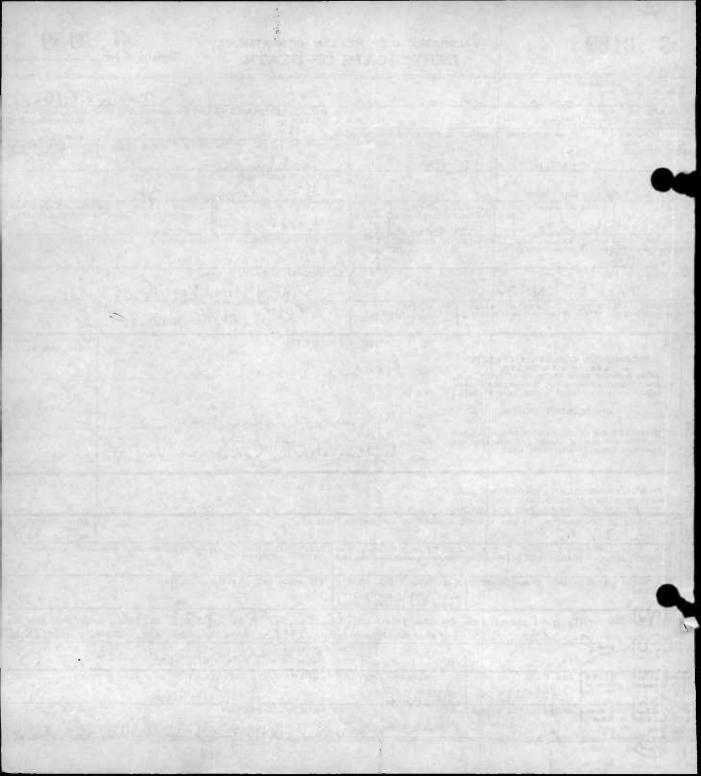
53 3159

Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Many 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUBAL, and give INSTITUTION (nwnship) TOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours! Min. monns 108. KIND OF BUSINESS OR OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY ARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO. HOPKINS HOSPITAL 18. 420.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK AT WORK 3-18 1953. to_ , 193, that I last saw the 22. I hereby certify that I attended the deceased from_ 1953, and that death occurred at 330 .m., from the causes and on the date stated above. deceased alive on 3 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL men 24B. DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

MADOR

10010



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3160

Charles Et Bolto 30

Registered No. 1. NAME OF DECEASED 2. DATESat., March (Type or Print) JOHN W. HOOFNAGLE DEATH 28, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1737 Clarkson St Baltimore 30 o. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore 50 1737 Clarkson St Days 6. COLOR OR RACE 7. SINGLE, MARRIED ti Under i Year 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Oct 7 1881 Divorced 10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) WHAT COUNTRY? Queen Anne's Co., Md. Chem. Process Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Thomas Wm. Thomas Hoofnagle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANMITS . Margaret C. ACARES (Yes, no or unknowo) (If yes, give war or detes of service) 6-05281 Bayship Rd Dundalk Balto 22 Md INTERVAL BETWEEN 18. 260 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 65, 1950 to I hereby certify that I attended the deceased from deceased alive on 3/28 , 1953, and that death occurred ab-P.m., from the causes and on the date stated above. 23c. DATE SIZNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Brooklyn AA Co Md Cedar Hill Cem Burial DATE RECEIVED BY ADDRESS A Howard LOCAL REGISTRAR

VS 150

-4	50
53	3161
DIRTII NO	

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Lloyd Williams

3161

March 28, 1953

before admission)

Registered No.

2. DATE OF

4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi

DEATH

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		ite RURAL and give			
1106 N. Fremont Ave	Baltimore /6-0	township)			
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)				
th of stay in Baltimore Days	1106 N. Fremont Ave.				
Male Colored WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31,1878 9. AGE (In years last birthday) Months 73	Days Hours Min.			
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)		CITIZEN OF WHAT COUNTRY?			
Cafe Owner	Maryland U. S. A.				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Henry Williams	Levinia Norton				
(If yee, give war nr dates of service) 16. SOCIAL SECURITY NO.	Mrs. Evelyn Williams 1106 N				
18. 442X CAUSE		NTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	11 .) .	ONSET AND DEATH			
(This does not mean the mode of dying, e.g., (A)	io Vascular heral Disease	4 Mas			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES		. 1			
DISEASES OR CONDITIONS, IF ANY, GIVING (B) When a 4 Her					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(C)		<i>V</i>			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City, give e				
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?				
OF INJURY MHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that attended the deceased from	12/ 193/to 9/21 183 the	at I last saw the			
	red at 11:30 A. m., from the causes and on the do	ate stated above			
		C. DATE SIGNED			
M. C. Galler	200 1. Certington (Quenue 3	-30-53			
24A. BURIAL, CREMA- 2/B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24 LOCATION (City, town, or co	unty) (State)			
Burial 4-1.1953 St. Peters		d. ,			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADD	DRESS 518W			
MAR 3U Bott Tuntington Villaces M.D.	11 1 Heave ces W. Heusley	Diddee			
VS 150	1	A			
240	(m 19)				

LENG. BE HORAL . Start meset . In this 1201110 1100 nomes: . 1 301f smilli arisvi . 10 . retaille

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3162

	RTH NO.			CERTIFICATI	E OF DEATH	Registeret	1110.	
1.	NAME OF D					2. DATE 3/	29/53	
		Mr. George	Beyer	yr.		DEATH		
B. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
3. FULL NAME OF (If not in hospital or institution, give street address or location)				f outside cornorate lin	nite write PUDAT and give			
N	NSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Yrs.			D. STREET ADDRESS (If rural, give location)					
th of stay in Baltimore Lifetime Mos.				Mos.	1512 Hollins St.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Flours Min.			
1	Vale	White	Mari		5/8/01	51	BIORITIS DAYS HOUTS WITH.	
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR			11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF			
Funeral Director			Baltimore WHAT COUNTRY?					
3. FATHER'S NAME				0.012003	14. MOTHER'S MAIDEN NAME			
	George	Beyer			Annie Fisher			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					17. INFORMANT		ADDRESS	
(lf yes, give war or dates of service) SECURITY NO.				SECURITY NO.	Mrs. Geo. L Beyordr. 1002 ins St.			
1	18. 1/1/2	1		CAUSE	OF DEATH	1009	INTERVAL BETWEEN	
	445	SE OR CONDITION	DIRECTIV	CAUSE	OI DEATH		ONSET AND DEATH	
		LEADING TO DEAT	TH		2 77			
	heart failu	not mean the mode of re, asthenia, etc. It mea	ns the discas	e,	ral Hemmorhage	*****************************	***************************************	
	injury or	complication which c	aused death	.) DUE TO				
ANTECEDENT CAUSES (B) Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING								
	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OUE TO Hypertensive Cardbo-Vascular Disease							
5							ease	
		IGNIFICANT CONDI						
)		ISEASE OR CONDITION						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					ATION		20. AUTOPSY?	
5				CE OF INJURY (e. g., in	or 21c. WHERE DID (YES NO	
	LYING OF	, give exact location)						
1		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
while AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from March 11, 1953, to March 29, 1953, that I last saw the								
								deceased alive on March 29, 1953, and that death occurred at 208 pm., from the causes and on the date stated above.
ı	234 SIGNATURE 230 PATE SIGNED							
	A.	aivllaa	ile	м. о.	Am Lecous H	spilal	3/29/53.	
24	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME of CEMETE		OCATION (City, tov	vn, or county) (State)	
	Buria	1 4/1/3	-3	Landon Pa	rt 130	elto. Cil	y Md.	
Ď,	TE RECEIVE				25. FUNERAL DIRECTOR		ADDRESS	
N	CAL REGIST	RAR	non 18	Malus, Mys.	tarcalen time	al Idane	Belair Rd	
VS 150								
	05487							
				*				

AN THURSDAY STREET

(०४ - ३३	.53	DAL	CEDILEICA		Registered No.	CILLUIC	
ВІ	RTH NO.			CERTIFICA	TE OF DEATH	Registered No.		
	NAME OF D	ECEASED				2. DATE		
(1	ype or Print)	STE	PHANTA	BIEBLE		DEATH March &	29,1953	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived. If ins B. COUNTY	titution: residence before admission)	
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospite	al or institut	ion, give street address location	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	outside corporate limits, v	write RURAL and give township)	
4	1	St. Jo	seph ts	Hospital	Baltimor e	10	Cownship)	
1				Yrs Mos		rural, give low ion)		
		tay in Baltimore		59 yrs. Day	s 2909 Orleans	Street - 24		
5.	Female	6.COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Special ried	MAY 26 1890	9. AGE (In years Il line last birthday) Month	der 1 Year Il Under 24 Hours hs Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF	
	Housewor	of working life, even if retired)	O 17.	INDUSTF	Germany		WHAT COUNTRY?	
	. FATHER'S		Own H	ome	14. MOTHER'S MAIDEN NA	AME	0.3. Al ·	
	ANTO	N TOMAS	CHKO		ERNESTINE	GLASSER.		
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
	NO			NONE.	FRANK BIEBLE	2909 ORLEA.	NS 57.	
CERTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Acute Heart Failure DUE TO DIADETES Mellitus (B) Diabetes Mellitus (C)							
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D				
7	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPI	ERATION		20. AUTOPSY?	
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, i	ACE OF INJURY (e. g. farm, factory, street, office bld		If in Baltimore City, give	YES NO X	
N	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from March 19, 1953, to March 29, 1953, that I last saw the deceased alive on March 29, 1953, and that death occurred at 2:00a m., from the causes and on the date stated above.							
	23A. SIGNA	17.	bain	М. D.	23B. ADDRESS 1400 N. Caroline	Street - 13 M	arch 29,1953	
	BURIAL, (S BURIAL	L APRIL 1	1953	HOLY REDEE	HER CEM 443	OCATION (City, town, or	D MD.	
	TE RECEIVE CAL REGIST		Allerton	Villiama M.	25. FUNERAL DIRECTOR	. 1800 F L	DDRESS	
	0	. 4 4 4	11		00			

360 53 3164 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

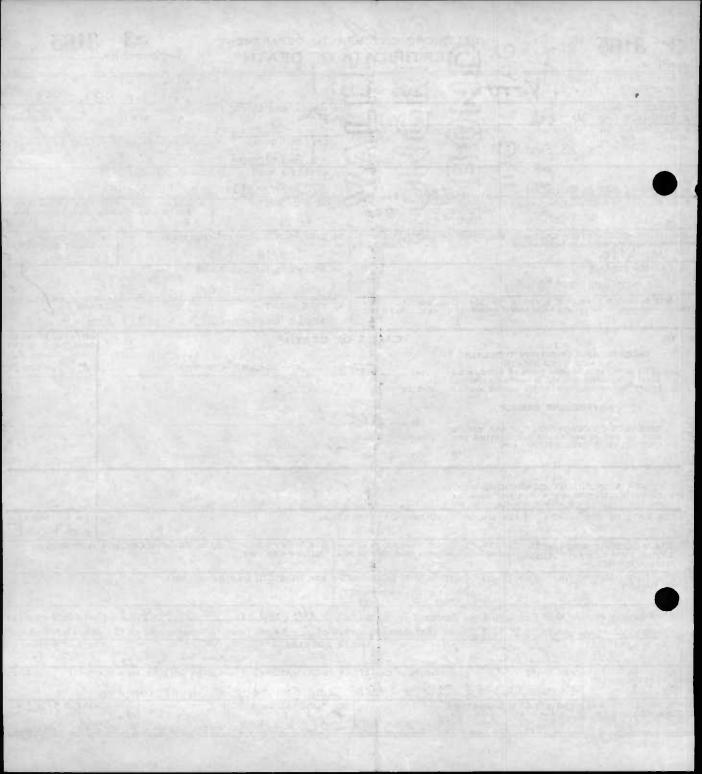
53 3164 Registered No.

DII	TIH NO.										
	NAME OF DECE	EV. JOHN	Voice	17/1/0	HUET	UED C	SS. R.	2. DATE OF	3/26	152	
	PLACE OF DEATH Baltimore City,	d:	- MEEN	INE	HUELL	4. USUAL RESI		DEATH DEATH B. COUNT		ion : residence before admission	-
в. І	TULL NAME OF	(If not in hosp	ital or institut	ion, give st			RYLAN		2) #	• /
HC	SPITAL OR STITUTION		11		location)	c. CITY OR TOW	N (If o	utside corporate	imits, write	RURAL and giv	
5 -	M	ERCY .	HOSPIT	TAL		75 WOL	FE ST	- BAL	FIMOR))
	Ath of stone	in Dalkinson		25	YRS Mos.	D. STREET ADD	RESS (If r	aral, give location	n)	nv	
c.		in Baltimore	7. SINGLI	E. MARRI	Days	8. DATE OF BIR	II GITTA	9, AGE (in yea	rs If Under 1 Ye	la If Under 24 Hour	
	MALE	WHITE	WIDOW		RCED (Specify)	1001	UG 5			ays Hours Min	
10/	A. USUAL OCCUP demeduring most of work	ATION (Give kinds	f 108. KINE	OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE	(State or for	eign country)		TIZEN OF	_
2	PRIE 57	-		IAGLS	CHURCH	PITTSB	RGH.	PA.		2.5.A.	
13.	FATHER'S NAME			2173		14. MOTHER'S M	AIDEN NA	ME			
	JOHN	HUETI	HER.			MARY	oe i	4.			
15. Yes	WAS DECEASED EV	ER IN U. S. ARMI	ED FORCES?	16.500	URITY NO.	17. INFORMANT			ADDRES	S	-
	VKNOWN				NE.	REV FR. GERA	RD KOH	N 75 W	OLFES	T	
T	18. 1143)	(and 1	444			OF DEATH			INT	ERVAL BETWEE	N
	DISEASE O	R CONDITION	DIRECTLY		29 D PU				ONS	SET AND DEAT	Н
	(This does not	DING TO DEA	of dying, e. s	g., (A	REN	9L FAIL	URE			la Days	5
	heart failure, as	thenia, ctc. It me plication which	ans the diseas	e,	то						100
	ANT	ECEDENT CAU	SES						5 5 11 1		
z				(8	HYP	ERTENS	TON			18 Years	5
2	RISE TO THE A	CONDITIONS, BOVE CAUSE (A	STATING TH	IG IE DUE	то						
4	UNDERLYING	CONDITION L	AST.	(C	Artes	rosclenoti	CCV	0		- 13	
를.											
E	OTHER SIGNI	FICANT CONE	ITIONS CON	٧.							
Ĭ.	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	D	:A - K	oof of m	outh !	4 Phorne	X		
٠,١	19A. DATE OF O				GS OF OPER	ATION			20	O. AUTOPSY?	
7	None			Vone.					Y	ES NO	-
<u>ج</u> اِ	21A. ACCIDENT		218. PL/	ACE OF IN	NJURY (e. g., is	or 21c. WHERE	DID (If	in Baltimore C	ity, give exa	ct location)	
1	LYING OR CO		about nome,	rarm, raccory,	erreet, omce piag., e	INJURY OCC	UKI				
≥	21D. TIME (Mon	th) (Day) (Year	r) (Hour)	21E. INJL	RY OCCURR	D 21F. HOW DI	D INJURY	OCCUR?			-
	OFINJURY		m.	WHILE AT	NOT WHILE						
1	22. I hereby ce	maifu shas I as				14/53 19	_, to 3 /	29/53	10 45-4	I last saw th	
	deceased alive		3. 19	and that	death occur	red at 750 Pn			on the date	e stated above	20
ŀ	23. SIGNATURE		, 13	ana chai	l 2	3a ADDRESS	a., from the	e causes and	23c	DAJE SIGNED	
1	mark 1	. Theu	eckand	1.	M. D. C	Macan +	Wors	Yal, de	U. 3/	24/23	
24	A. BURIAL, CREM N. REMOVAL (Specif	A. 248. DATE	/V	4c. NAM		RY OR CREMATOR	Y AD. LO	CATION (City,	town, or coun	ty) (State)	,
	BURIAL	APRIL I	1953	HOLY	REDE	EMER CEA	443	BELA	iR RD	MD	
DA	TE RECEIVED BY		'S SIGNATI		41.00	25. FUNERAL DI			ADDR		Ī

VS 150

BALTIMORE CITY HEALTH DEPARTMENT 53 3165

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered I	No		
1. NAME OF D (Type or Print)	Mys. Ye	tta	Berman	1 ·	2. DATE OF DEATH March	h 2 0, 1953		
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W		institution : residence		
B. FULL NAME		al or institut	ion, give street address or	Maryland	B. COUNTY	before admission		
HOSPITAL OR	4223 Fernh		location)	C. CITY OR TOWN (If	outside corporate li	s, write P U.A s and give		
10	trr) i eiiii	Mariana D. V.C		Baltimore	7	township		
			Yrs.	D. STREET ADDRESS (If	rural, give location)			
	tay in Baltimore	40	Yrs Mos.	4223 Fernhill	Ave			
5. SEX	6. COLOR OR RACE	7. SINGLI	E, MARRIED, /ED DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year H Under 24 Hours onths Days Hours Min.		
Female	White		PED, DIVORCED (Specify)	1888	65	Days Hours Min.		
IOA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF		
House Wif	l'e		INDUSTRI	Russia		WHAT COUNTRY		
13. FATHER'S N	NAME	14-7		14. MOTHER'S MAIDEN NA	AME			
Lazer	Rushowitz			Sarah Fleishe	מים			
15. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS		
tes, no or unknown)	(11 Yes, give war or date	s of service)	SECURITY NO.	Morris Berman 42				
18. 199	a		CALICE		cz) remitit	INTERVAL BETWEEN		
1111	T OR CONDITION	DIDECTIV	CAUSE	OF DEATH		DNSET AND DEATH		
	E OR CONDITION	ГН	Co-	- in any ala	i	about		
heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. g ns the diseas	e. (A)			18 2007,		
injury or	complication which c	aused death	.) DUE TO					
	ANTECEDENT CAUS	ES						
DISEASES	OR CONDITIONS, II	ANY CIVIN	(B)					
RISE TO T	HE ABOVE CAUSE (A)	STATING TH						
UNDERLY	ING CONDITION LA	ST.	(C)					
OTHER S	II IGNIFICANT CONDI	TIONS CON						
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D					
			FINDINGS OF OPER	ATION		20. AUTOPSY?		
	0					YES NO		
21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e.g., in	or 21c. WHERE DID (I	f in Baltimore City, g			
LYING OF	CONTRIBUTING	about home, f	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?			
OE INJURY			WHILE AT NOT WHILE		000011			
		m.	WORK LAT WORK					
	22. I hereby certify that I attended the deceased from May 16, 1952, to March 28, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 7.30 Am., from the causes and on the date stated above							
deceased al	ive on march 3-8	, 19 3,			re causes and on th	he date stated above.		
	than 101	nyer		3100 Garre	on Blod.	3/30/53.		
10N, REMOVAL (S	REMA- 24B. DATE	1	AC. NAME OF CEMETER	RY OR CREMATORY 24D. LC	CATION (City, town,	or county) (State)		
Burial	March 20	1953	Tifers Israel	Cong Cemetery	Hamilton A	ve		
DATE RECEIVED		SIGNATU		25. FUNERAL DIRECTOR	n and a second	ADDRESS 11261		
OCAL REGISTI		rator 1	Malianes M.	Sol Lux	1 m	not and		
VS 150	133	0	A MANAGER A PROPERTY AND A PROPERTY	Co C// Pur vuson	rusus / L	was were		
		A.c.		•				



13	-26	(
53	3166	

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53	31.66
rictored No.	

CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE Harry Baker DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City, Maryland 1139 Poplar Grove before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION Baltimore
D. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore Life 1139 Poplar Grove St. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9, AGE (in years) last birthday) Months Days Hours: Min. Widowed Jan. 21, 1874 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. Brush Maker Pitts 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louisa Henry E. Baker Dingle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, oo or uoknowo) No Harry E. Baker CAUSE OF DEATH GETTEUGE M. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., ie or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from 3-20 19 3 to 3 - 28, 19 5 that I last saw the 1953 and that death occurred at 7 deceased alive on 3-27 M.m., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY Baltimore, Md. Parkwood Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OCAL REGISTRAR untinglow Liberty hights. Ave.

CAME OF DEATH STATE OF THE AND ADDRESS. · Little of the second of the

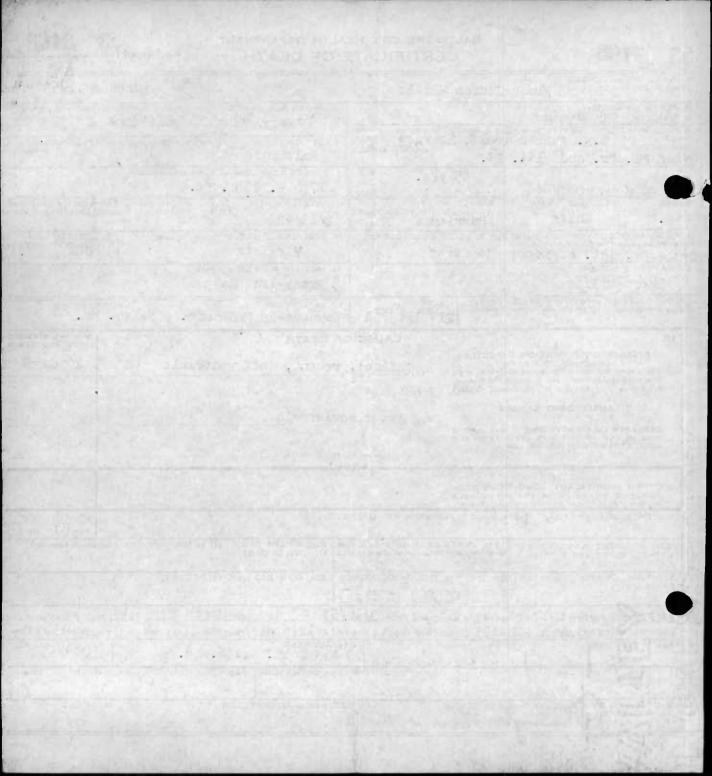
. . O avoqueta . De Propinsi Con

- 4	+2	0
53	.31	68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3168

NAME OF DECASED Corporation Control of the property Control of	D	IKTH NO.							
A Baltimore City, Maryland B. FULL NAME OF (If not in heapital or institution, give street address on FULL NAME OF (If not in heapital or institution). B. FULL NAME OF (If not in heapital or institution) was related to Service address on Baltimore Baltimore CITY ON TOWN (If outside coayean) limit while the Maryland by Section of Stay in Baltimore B. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY 1734 E. 25th. St. B. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore S. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore S. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore S. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore S. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore S. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore J. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore J. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY STAY Maryland of Stay in Baltimore J. SEX S. COLON OR RACE 7. SHOOLE WARRIED ON STAY STAY Maryland of Stay in Baltimore S				er Judson	n Willis		of Marc	ch 29,1953	
No.	Α.	Baltimore C	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I		
myman pk. Dr. and ilst. st. Saltimore D. Street Address (if rural, give scaling)	B. H	FULL NAME	U.S. Fublic	Health	Service location)				give
Mos. 1734 E. 25th. St. Days Color or Race T. Since Married Days Month Days Mont					Hospital		X.		
M. White Married Married Married 10A. USUAL OCCUPATION Givelinded 10B. KIND OF BUSINESS OR 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF SCAFACTORY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WINDLATT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED U. S. ARMED FORCES 18. WAS DECEASED U. S. ARMED FORCES 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 17. INFORMANT 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 17. INFORMANT 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 18. WAS DECEASED U. S. ARMED FOR INJURY (I. S. ARMED FOR INJURY) 18. WAS DECEASED U. S. FUNE ALL DIRECTOR 18. WAS DECEASED U. S. FUNE ALL DIRECTOR 18. WAS DECEASED U. S. FUNE ALL DIRECTOR 18. WAS DECEASED	7	ngth of s	tay in Baltimore	3.	yrs. Mos.				
Seafarer	5.			WIDOV	VED, DIVORCED (Specify)		9. AGE (In years last birthday)	if Under 1 Year If Under 24 on the Days Hours	Hours Min.
Albert Willis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (17. Max Deceased alive on whatoward) 16. SOCIAL SECURITY MO. 21. TINFORMANT Records—US PHS Hosp. Balto. Md. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES NO ANTECEDENT CAUSES III DUE TO ANTECEDENT CAUSES (B) Arteriosclerosis (B) Arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITION CON. TRIBUTING TO THE DEATH, BUT NOT RELATED IN THE DUE TO THE ABOVE CAUSE (A) STATING HE DUE TO OTHER SIGNIFICANT CONDITION CONSTRUCTION 19. ADTECOPY OF CRATTION 19. ADTECOPY, ANY OF CONDITION CAUSING IT. 19. ADTECOPY OF CRATTION IS AND ADDECTION INJURY (a.g., in or INJURY OCCUR? 21. ACCIDENT WAS UNDER. 21. ACCIDENT WAS UNDER. 21. TIME (Month) (Day) (Year) (Hour) 21. TIME (Month) (Day) (Year) (Hour) 22. AUTOPSY? WHILE AT NOT WHILE 23. AUTOPSY WHILE AT NOT WHILE 23. ADDRESS ADDR	WOI!	k done during most o	f working life, even if retire	ed)	INDUSTRY		oreign country)	USAT COUN	TRY?
18. 20		B. FATHER'S N	IAME	SERVI					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ASOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED ADDRESS OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, strest, office bidg., etc.) ALY WORK 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (a.g., he of 2 lic. WHERE DID (If in Baltimore City, give exact location) NJURY OCCUR? 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, strest, office bidg., etc.) AT WORK 22A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (a.g., he of 2 lic. WHERE DID (If in Baltimore City, give exact location) NJURY OCCUR? WHILE AT AT WORK WHILE AT AT WORK AT WORK M. D. US PINS HOSP. Balto. Md. 22A. BURIAL, CAEMA- 10A. REMOVAL SALPITY AND AT REMOVAL SALPITY 22A. DATE 22A. NAME OF CEMETERY OR CREMATORY 22A. BURIAL, CAEMA- 10A. REMOVAL SALPITY AND AT REMOVAL SALPITY AND AT REMOVAL SALPITY 22A. DATE 22A. NAME OF CEMETERY OR CREMATORY 22B. FUNERAL DIRECTOR ADDRESS CACCAL REGISTRAR SIGNATURE 22C. NAME OF CEMETERY OR CREMATORY 22A. DATE 22C. NAME OF CEMETERY OR CREMATORY 22B. FUNERAL DIRECTOR ADDRESS CACCAL REGISTRAR ADDRESS	15 (Ye	. WAS DECEASE n. no or unknown)	D EVER IN U. S. ARM (If yes, give war or d	IED FORCES? ates of service)				DORESS O. Md.	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22L I hereby certify that I attended the deceased from 3/18/53 , 19 , to March 29 , 1953, that I last saw the deceased alive on march 29 , 1953, and that death occurred at 12:55am., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS US PHS HOSP. Balto. Md. 24A. BURIAL, CAEMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State, 100) DATE RECEIVED BY LOCAL REGISTRAR ADDRESS LOCAL REGISTRAR 25. FUNERAL DIRECTOR ADDRESS Charactery of Carty of Cart	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Anteriogal crossis							20.3	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. How DID INJURY OCCUR? 22F. How DID INJURY OCCUR? 23F. HOW DID INJURY OCCUR?		TO THE DI	SEASE OR CONDITIO	ON CAUSING I	Ţ		••••••		
CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from 3/18/53 22. I hereby certify that I attended the deceased from 3/18/53 23. SIGNATURE 24. BURIAL, CREMA- TION, REMOVAL (Spirity) DATE RECEIVED BY LOCAL REGISTRAR'S, SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR LOCAL REGIST	AL	19a. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OF INJURY 22. I hereby certify that I attended the deceased from 3/18/53 22. I hereby certify that I attended the deceased from 3/18/53 23. I hereby certify that I attended the deceased from 3/18/53 24. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 24. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR ADDRESS 25. FUNERAL DIRECTOR ADDRESS Chremat Affire Local And BROADWA +	Ш	LYING OF	CONTRIBUTING	1 41 41		or 21c. WHERE DID (to.) INJURY OCCUR?	If in Baltimore City,		
deccased alive on March 29, 1953, and that death occurred at 12:553m., from the causes and on the date stated above 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS US PHS HOSP. Balto. Md. 24B. DATE 10N. REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Carpended DATE RECEIVED BY LOCAL REGISTRAR'S, SIGNATURE 125. FUNERAL DIRECTOR ADDRESS Contact of the date stated above 23A. ADDRESS 25. FUNERAL DIRECTOR ADDRESS Contact of the date stated above 23A. ADDRESS Contact of the date stated above 23A. ADDRESS 25. FUNERAL DIRECTOR ADDRESS Contact of the date stated above 23A. ADDRESS Contact of the date stated above 24A. ADDRESS Contact of the date stated above 24A. ADDRESS C	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Mork Not while AT WORK							
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State, TION, REMOVAL (Spicify) 4 5 Tarpurary (and Balta Pad.) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR TARBURAN MAN. (Spicify) (When the County of County) (State, Tarpurary County) (deccased al	ive on March 2	9_, 19 53 _,	and that death occur	red at 12:553m., from t			
246. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State, TION, REMOVAL (Specify) 4/55 1 and word (and Balta Mad.) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ADDRESS WAS ADDRESS CHARGOS AND A F			40.7	. Su		B PHS Hosp. Balto	. Md.	23/29/53 Gr	1ED
	D	ATE RECEIVED	D BY REGISTRA	R'S SIGNATU	24c. NAME OF CEMETER AND OF CEMETER JRE	I Cent B	ocation (City, town	ADDRESS	te)



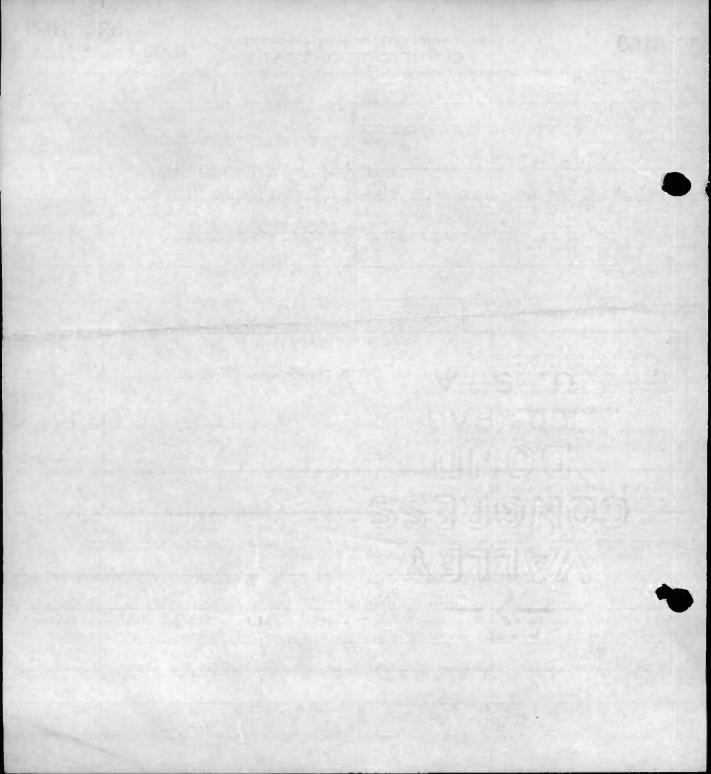
Ш		3	6	3
N	3		31	69

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 31.69 egistered No.3 = 9

BIRTH NO.	RIFICALE	OF DEATH	negistered 140,2	7
1. NAME OF DECEASED (Type or Print) JULIA STRATTON			2. DATE OF DEATH 3/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Whe A. STATE MARYLAND		tution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, g HOSPITAL OR INSTITUTION 1034 N. STRICKER ST.	ive street address or location)	C. CITY OR TOWN (If ou	tside cornorate limita ovr	ile RUPA rand give township)
1034 N. STRICKER ST.	Yrs.	BALTIMORE D. STREET ADDRESS (If rur	ral, give location)	
gth of stay in Baltimore 50 vr	Mos. Days	1034 N. STRICKER		
FEMALE COL. WIDOW	RRIED. DIVORCED (Specify)	8. DATE OF BIRTH 9 2/15/ 1888	AGE (In years Under last birthday) Months	Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) COMESTIC home	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		MARYLAND 14. MOTHER'S MAIDEN NAM	E	
THOMAS JONES		HENRIETTA		
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDR	
	0-30-2662	JAMES FLETCHER 103		ST.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A)			OTTE YEAR
	DINGS OF OPERA	ATION		YES NO
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factor of DEATH	OF INJURY (e. g., in ctory, street, office bldg., et	or 21c. WHERE DID (If i	n Baltimore City, give e	exact location)
210 TIME (Month) (Day) (Year) (Hour) 216. I NJURY WHILE m. WORK	INJURY OCCURRE	D 21F. HOW DID INJURY C	CCUR?	
22. I hereby certify that I attended the dece	ased from Q — that death occurr	red at 5 Am., from the BB. ADDRESS	eauses and on the do	at I last saw the ate stated above. C. DATE SIGNED - 78 - 53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) RIRTAT. 3/30/53		BALL IMORS	ATION (City, town, or co	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR CHARLES A. RIUE (ADI 661 W. BARRE :	DRESS
VS 150	7	CA.	JOL N. DELLES V	-1 (4.1) - <u>-1</u>

7208A



	143		BAL	TIMORE CITY HE	EALTH DEPARTMENT		53	3170
S BI	3 31.70			CERTIFICAT	E OF DEATH	Registere	d No.	
	NAME OF DECEAS	beatE	Baub	1/3 Robert C	Baublitz	2. DATE OF DEATH	8 M2	r1952
	PLACE OF DEATH: Baltimore City,	Maryland /	3aHi	more_	4. USUAL RESIDENCE (If institution	residence
HC	FULL NAME OF OSPITAL OR STITUTION	(If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (I	If outside corporate lin	societies.	nd.
14	37.	Agnes	HOSA	ortal	Elicati	Chy		township)
c.	ngth of stay in	Baltimore	20	Yrs. Mos:	D. STREET ADDRESS (I.	f rural, give location)	53	100
5.	SEX 6.CO	LOR OR RACE	MIDOM	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year Months Day	Hours Min.
work	doneduring most of working Switch	glife, even if retired)		OF BUSINESS OR INDUSTRY	Baltimore Baltimore	foreign country)	12. CITI WHA	ZEN OF
13	FATHER'S NAME		STATE !		14. MOTHER'S MAIDEN N	NAME		
15	. WAS DECEASED EVE	Baubli Baubli	FORCES?	I 16. SOCIAL	LSTHER (SKG	11		
(Yes	, no or unknown) (If)	ves, give war or date	s of service)	SECURITY NO. 217-22-2540	Mrs.Emma H.Baub	litz.Ellico	ADDRESS tt City	.Md.
ERTIFICATION	(This does not meant failure, astiniury or comple ANTE DISEASES OR CRISE TO THE ABUNDERLYING OTHER SIGNIF	enia, etc. It mea ication which concerns conditions, in over cause (A) condition LA	TH if dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH ST.	(B)		//*/;*	ONSE	Neek
CE	TRIBUTING TO THE TO THE DISEASE	OR CONDITION		г	ATION / /			ALLEGERA
AL	3/27/5	3	4/	ceriti VP	Colitis		YES	AUTOPSY?
MEDICAL	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH			ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City	y, give exact	location)
2	21D. TIME (Month OF INJURY		,	VHILE AT NOT WHILE WORK NOT WHILE				
		tify that I att	ended the	deceased from 2/	Feb , 1953, to	28//Dr, 19	53, that I	last saw the
	deceased alive or	4 20	mail		red at 8: 20 P.m., from.			ATE SIGNED
Z4 TIC	A. BURIAL, CREMA N. REMOVAL (Specify)			24c. NAME OF CEMETE		LOCATION (City, to		(State)
	Purial ATE RECEIVED BY DEAL REGISTRAR	REGISTRAR	S SIGNATU	Lorraine	25. FUNERAL DIRECTOR	Baltimore, Mo	ADDRES	SS
-11	VS 150	Thursday	1)	Thomas y a	F.C. Higinbothom,	Ellicott Cit	tv.Md.	
				540 3	SA			

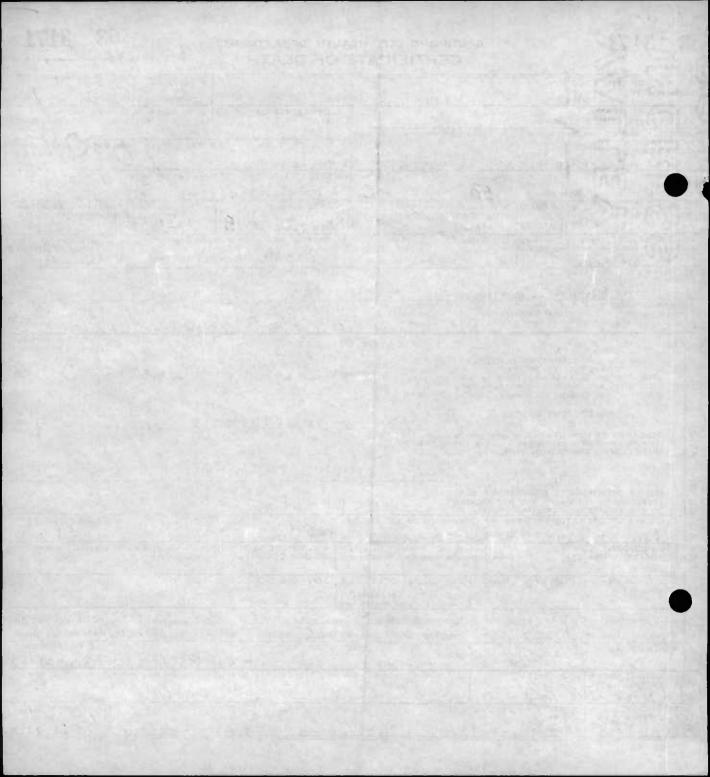
AND MET IN SECTION SECTIONS I ELLES IF District the plant, but from the arms. BY HEREIT OF MONEY SERVICE AND THE SERVICE OF

5	42
53	3171
73	07.77

CERTIFICATE OF DEATH

53 3171

CERTIFICAT	E OF DEATH Registered No	
1. NAME OF DECEASED		
(Type or Print) Della Conellus	2. DATE OF DEATH MEN-CL	30 /53
3. PLACE OF DEATH: a. Baltimore City, Maryland		residence fore admission)
s. FULL NAME OF (If not in hospital or institution, give street address of location institution) Institution	c. CITY OR TOWN (If outside corporate limits, write it)	
Baltimore Eye + Ear Hospital	Baltimore 10	(ownship)
c. Sigth of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 2159 Hollins St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	18. DATE OF BIRTH 9. AGE (In years) if Under I Year	If Under 24 Hours
Female White Widowed	Nov30, 1878 74	
OA, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTR)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	5. A.
Timothy Lannon	Mary Moran	SELVE -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16 yes, give war or dutes of service) (17 yes, give war or dutes of service) (18 yes, give war or dutes of service)	Mr. William F. Coppinger 17	Ellas
18. 420.1 CAUSE	OF DEATH INTER	T AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ronary Thrombosis	3 hrs.
ANTECEDENT CAUSES	-0.7.05.010.70.00	20
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	-er-10sclerosis	40 4 rs:
(c)	nypertension.	1045
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	besity	,
		AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (6. g.,	in or 21c. WHERE DID (If in Baltimore City, give exact	-
OD HOMICIDE (Specify) obout home, farm, factory, atreet, office bldg.	,etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY		
m. work L AT WORK	lar 25, 1953 to Mar 30, 1953 that I	Zarat a 47
22. I hereby certify that I attended the deceased from Mar 30, 1953, and that death occur	urred at 65 am., from the eauses and on the date s	
23A. SIGNATURE U R	238. ADDRESS 230. D. 230. D. Ma	ATE SIGNED
M.D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETING. REMOVAL (Spgcify)) (State)
Burial 4 B-153 how bath		uch Rd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Introduction A 30 193	John Coward Son Ho	Carron.
VS 150		

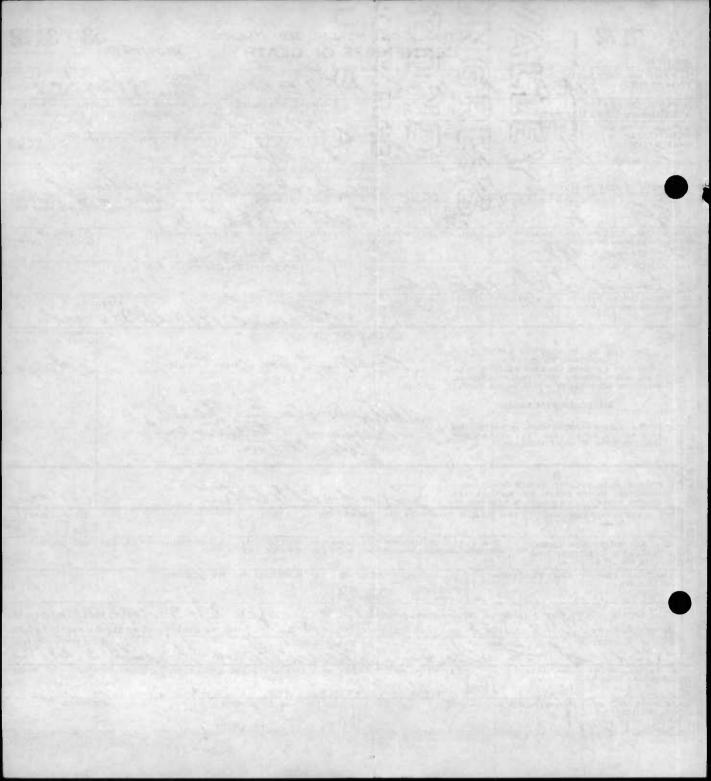


53	31.72

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3172

BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) EBER MRS. DEATH -3. PLACE OF DEATH: RESIDENCE (Where deceased liver. If institution : residence A. Baltimore City, Maryland A. STATE BOUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, white RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give lo Mos. ngth of stay in Baltimore Days 9. AGE (Incears | M Under | Year | M Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF during most of working life, even if retired) INDUSTRY WHAT COUNTRY? newll 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 420,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT m. WORK AT WORK 1953 that I last saw the 22. I hereby certify that I attended the deceased from 3 1953, and that death occurred at 10:35 m., from the causes and on the date stated above. deceased alive on ... 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or equity) 24B, DATE ch Burnas DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT 3173 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mr. Edward Charlton DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore EXY Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore, Maryland St. Agnes Hospital p. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 4607 Maple Ave. Days 9. AGE (In years It Under I Year It Under 24 Hours Min. 72 Yrs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH (72 Yrs.)11-11-1890 Mala Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or forcign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY SHAT COUNTRY Pa. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN C. CHARLTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 4687 MAPLEHVE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 3-25 3 - 28, 1953that I last saw the 1953 to deceased alive on 3 10 3, and that death occurred at 200 m. from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 109 BALTIMORC 34217L DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150

Juliage H. Grand . Jo with the first factor

BALTIMORE CITY HEALTH DEPARTMENT

Registered 23 3174 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH March 29 1953 Frank Borsella 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 1001 Forrest St. A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write AURAL and give Baltimore Yrs. D. STREET ADDRESS (If rural, give weation 1001 Forrest St. Length of stay in Baltimore 52 Yrs Days 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 272 WIDOWED DIVORCED (Specify) White Male 11 24 10A. USUAL OCCUPATION (GivekIndof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Construction WHAT COUNTRY? Piedimonte D'Alife-Italy) Stonemason 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carmela Giovanni B. Borsella 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Vincenzina Borsella 1001 Forrest St INTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE March, 1913, to 29 mer, 193, that I last saw the 22. I hereby certify that I attended the deceased from. deccased alive on Wheel 1953, and that death occurred at 7 ? m., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 4430 Belair Rd. Balt. Md. 1st/53 Holy Redeemer Cem. Burial

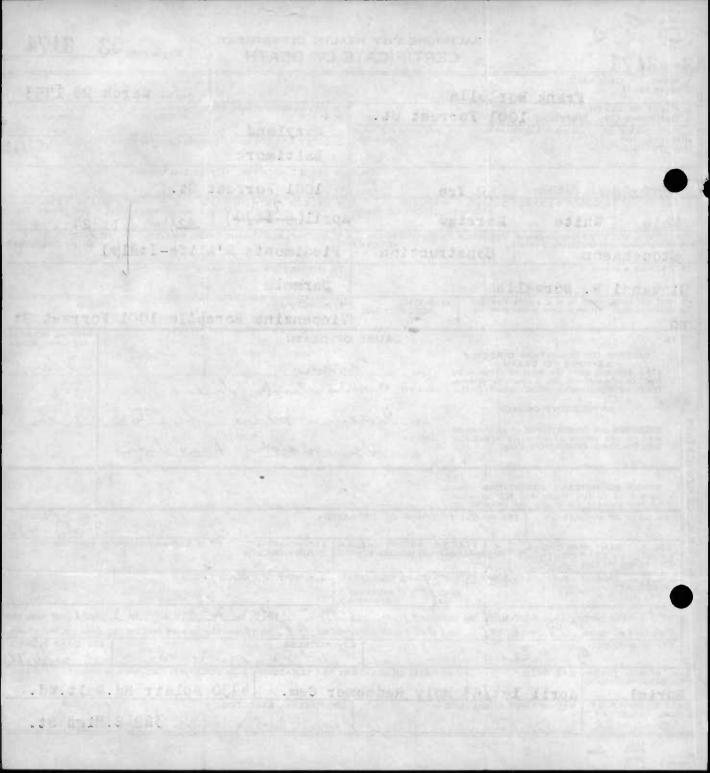
25. FUNERAL DIRECTOR

DOs week 322 S. High St.

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



53 3175

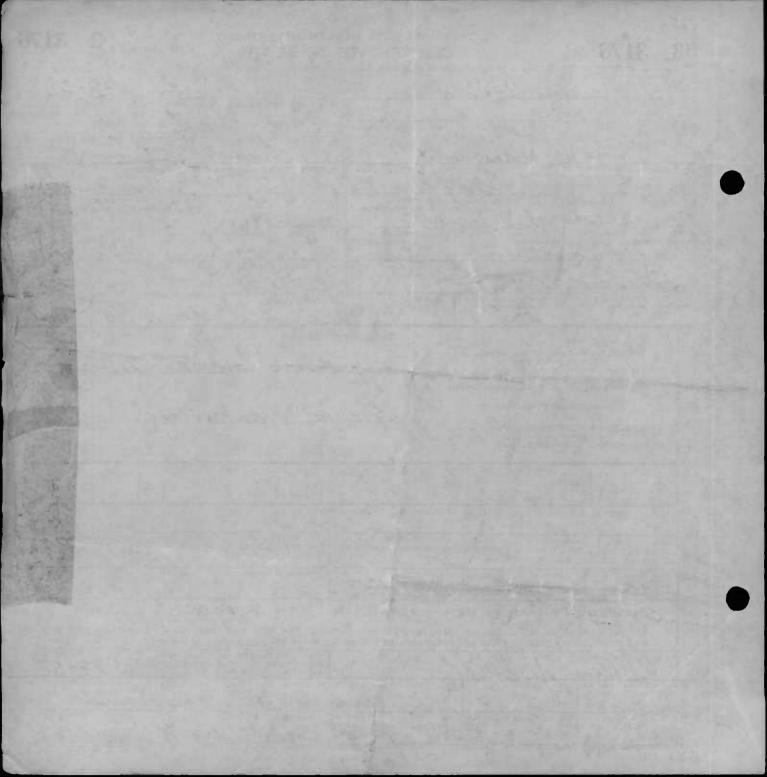
BALTIMORE CITY HEALTH DEPARTMENT, CERTIFICATE OF DEATH

53 3175

BIRTH NO 1. NAME OF DECEASED DATE (Type or Print) OF Mary Wilson Lloyd Mar. 29, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOSPITAL OR HOSPITAL apma (If outside corporate limits, write RURAL and give C. CITY OR TOWN Rethesda Wyman pk. Drive & 31st street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 40 days 7909 Sleaford Place ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years if Under 1 Year Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 2/19/05 Married 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Hous ewife New Hampshire IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W.J. Wilson Estelle Helms 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ao or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Records- US PHS Hospital, Balto, Md. No INTERVAL BETWEEN 18. 330 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Postoperative state, cerebral 4 days (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Congenital aneurysm circle of mndeter-FICATION DISEASES OR CONDITIONS, IF ANY, GIVING Willis mined RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . CERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 3/25/53 Congenital aneurysm at circle of Willis YES X 218. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 1953 to Mar. 29 22. I hereby certify that I attended the deceased from Feb. 18 19 53 that I last saw the 29 ys 53 and that death occurred at 8:40p _m., from the causes and on the date stated above. 23c. DATE SIGNED J.A. Hunter rlinical Director US PHS Hospital, Balto, Md. M. D. 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY R.30 1953 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL_REGISTRAR untington VS 150

research and the desired of the second

9	53 BIRT	3176	CERTIFICATE		Registered No.	31.76
ied. The	3. PI	LACE OF DECEASED LACE OF DEATH:	en	4. USUAL RESIDENCE (V		lution: residence
y supplied	B. FL HOS	PITAL OR TITUTION	itution, give street address or location)	c. CITY OR TOWN (II	outside corporate limits, wr	before admission) ite RUIAL and give ownship)
d be carefully and legibly.	Sandan Sandan Sandan	ength of stay in Baltimore	ears Mos. Days	1037- St.	Mulberr	y St.
- 41	5. SI	male Colored La	OWED, DIVORCED (Specify) ND OF BUSINESS OR	8. DATE OF BIRTH 11. BIRTHPLACE (State or fo	9. AGE (in years last birthday) Months 35	Days Hours Min.
	De	FATHER'S NAME	INDUSTRY	14. MOTHER'S MAIDEN N.	a) L	S.A.
of		WAS DECEASED EVER IN U. S. ARMED FORCES no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Marrion Ar	Kley- 1037-	Txulberi,
G INK. Every item of its please write the causes	ATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A) Jype sease, eath.) DUE TO PERSONNELLY	Hexsive Cord	ousulas De	INTERVAL BETWEEN DNSET AND DEATH
UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OF CONDITION CAUSIN	ATED			
74	7 1	9a. DATE OF OPERATION 198. MAJ	OR FINDINGS OF OPERA	TION		20. AUTOPSY?
LY, WITH important.	5 0		PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., et		f in Baltimore City, give	exact location)
AIN imi	0	Pid. Time (Month) (Day) (Year) (Hour) OF INJURY				
SITE PLAINLY, s especially impo		22. I certify that I took charge of t the evidence obtained by said A and death in my opinion residte	utopsy. Inspection or In	Autopsy aquiry, find that said de , accident , suicide	inspection or Inquiry receased died on the de, homicide, under	termined [].
PLEASE WRITE correct age is esp	24A.	23A SIGNATURE CLEAN BURIAL (SPECIFUL BENGUAL (SP	M.I		EXAMINER 2 7-7	8-53 Dunty) (State)
PLEA	DAT	E RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR	TURE Williams M	En Cemet. 2. 25. FUNERAL DIRECTOR	-918- Druis	DRESS UStill The
	VS		72084		77220	V



	7	.40
5	?	3177
0		C) & 0 '9
		110

BALTIMORE CITY HEALTH DEPARTMENT

53 31.77

BIRTH NO.			CERTIFICAT	E OF DEAT	H Regi	istered No.	
1. NAME OF D	DECEASED				I 2. DATE		
(Type or Print)		e F. 1	Eisel		OF DEATH	March	28. 1953
3. PLACE OF E	DEATH:				NCE (Where decease	ed lived. If ins	titution: residence
B. FULL NAME	City, Maryland	Baltin	NOT C ion, give street address or	A. STATE Md	В. СО	YTAU	before admission
HOSPITAL OR	OF (II not in nospit	ar or institut	location)		(If outside to no	orati- brotts v	vrice RiskAL and give
INSTITUTION	601 E. Ran	dall S	St.	Baltimor		4	township
			Yrs.		SS (If rural, give lo	cation)	
	stay in Baltimore	Life	Mos. Days	601 E. R	aniall St.	•	
5. SEX	6.COLOR OR RACE	7. SINGLI	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	_ last birt	hday) Month	fer I Year If Under 24 Hours as Days Hours Min.
male	white	marr		Aug. 30,1	.878 74		
10A. USUAL OC work done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign countr	у) 12	CITIZEN OF
Painter		Merc		Baltimo	ore Md.	I	WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
Nich	olas Eisel			Barbar	a Bayline		
(Yes, no or unknown)	ED EVER IN U, S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			RESS
no	none		none	Mrs. G. E	Eisel 601 E	E. Rand	iall St.
18. 44 %	3× .	* 1	CAUSE	OF DEATH	^		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY	TH.	1 '0	2 11.		ONSET AND DEATH
(This doe	LEADING TO DEA	TH of dying, e. s	en a lus	voorela.	Mesulfice	rusi	
neart Iain	ure, asthenia, etc. It mea complication which	ins the diseas	e. / /		11)	1	
			., 500 10	, ,	, , ,		
7	ANTECEDENT CAUS	SES	usp	www siley	ais		
DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	,	10	9	***************************************
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TE	TUNA!	Verusion.	Mugreend	the	
<u>U</u>			(C)		····/)		***************************************
DISEASE RISE TO TUNDERLY	11		U				
OTHER S	SIGNIFICANT CONDI	TIONS CON	V-				
O TO THE D	SISEASE OR CONDITION	CAUSING I	Т.				
-1	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
V ASSE		1 04- 51	SE SE	1.04-1401-	(70.1 70.11	e2	YES NO
LYING OF	R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n or 21c. WHERE D	R?	ore City, give	e exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
OF INJURY		- 44	WHILE AT NOT WHILE		1		
		m.			5 3/21/	F 5	
	by certify that I att		1	10 , 1900	, to 18		that I last saw th
deceased a	live on 3/4	, 1937.	and that death occur	rred at) A.m.,	from the causes of		
234 31611	1.10. 6000	mil		1339 SP	leda Sr.		3/3/15
24A. BURVAL	CREMA 248 DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (C	lity town or	county) (State)
24A. BURYAL, TION, REMOVAL (
Burial DATE RECEIVE	March 2				Frederick		
LOCAL REGIST	TRAP.	7 43.00	eres of and the	25. FUNERAL DIR	()		DDRESS
W 100 0 2 7 7 7 1 1 1	1 PHE 2 PM	AAM MATERIAL	B B AR AR A LAND OF A STORY	TO A TICE TO THE	TRUE TACEST	10160	Obom I and t

VS 150

5648T

Balto. 30

ully supplied.

of

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

20. AUTOPSYT

thereon and from

(State)

Registered 53 I. NAME OF DECEASED March 29, 1953 (Type or Print) PRISOCK CHARLES OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corp rate limi RAL and give Mercy Hospital INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location)
1126 E. Lombard Street Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE should be 7. SINGLE, VARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) | Months: Days | Hours | Min. Colored Male 10A. USUAL OCCUPATION (Givekind of) clearly IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign buntry 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME information s of death cle MAIDEN NAME 15. WAS DECEASED EVER IN U. E. ARMED FORCES? SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 18. 102X CAUSE OF DEATH Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Far Advanced Pulmonary Tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) RTI OTHER SIGNIFICANT CONDITIONS CON-

Ш Ü

CA

ā

ш

LY, WITH important.

ecia

esp

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT

OF INJURY WORK AT WORK INJURY OCCUR?

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry

24B. DATE

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and fleath in my opinion resulted from: natural causes A, accident □, suicide □, homicide □, undetermined □. 23B. CHIEF MEDICAL EXAMINER.... 23c, DATE SIGNED

REMOVAL (Specify)

MEDICAL INVESTIGATOR 24C, NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(If in Baltimore City, give exact location)

DATE RECEIVED BY LOGAL REGISTRAR

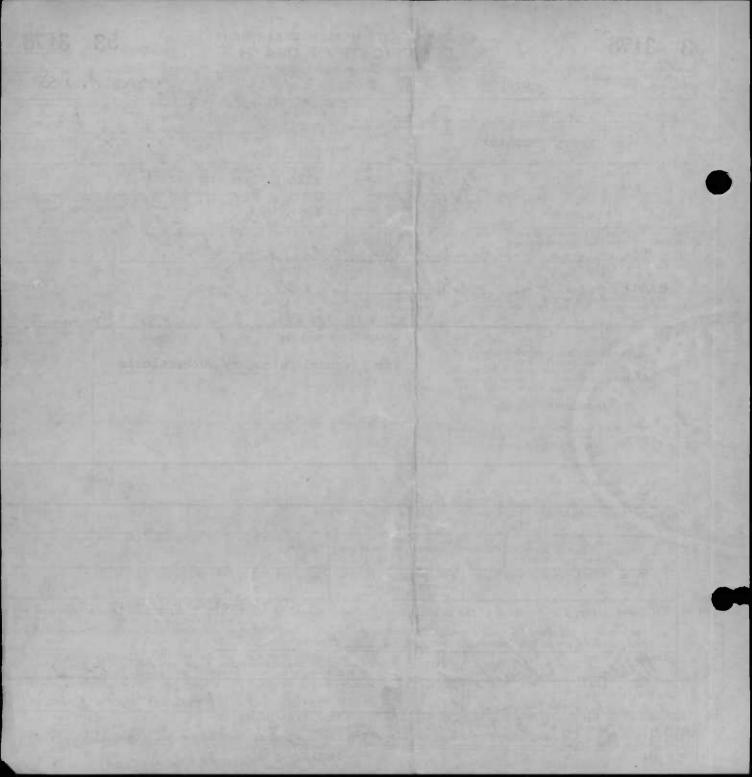
24A. BURIAL, CREMA-

AR'S SIGNATURE unlughor ValderickA-, Mo

ASSISTANT MEDICAL EXAMINER.

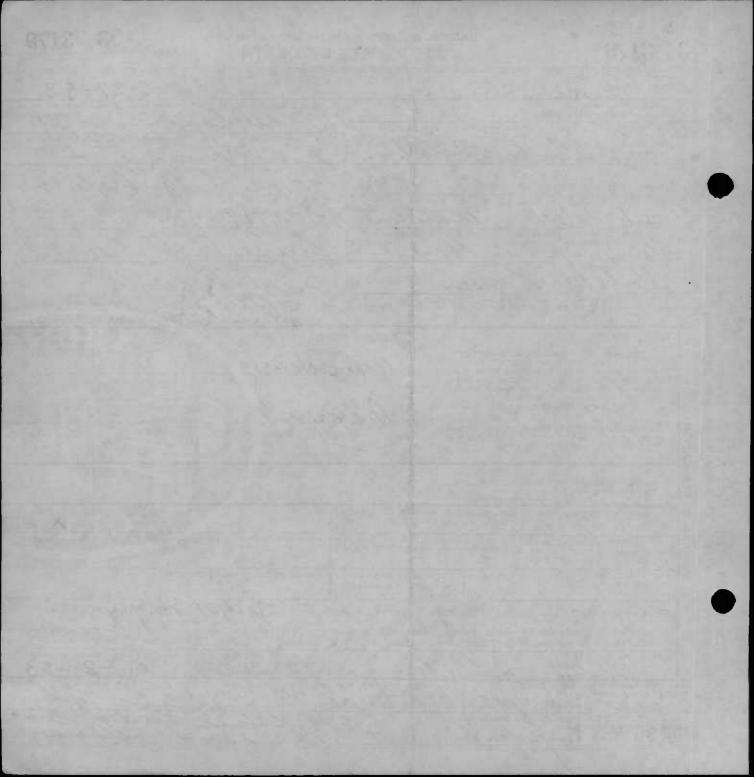
151

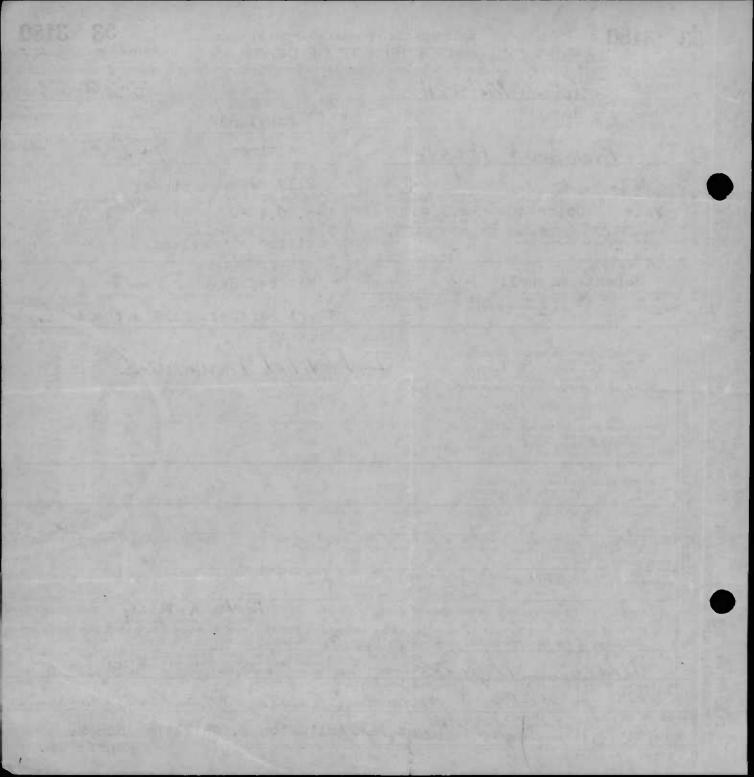
PLEASE



		1
	c)	ř
	ã	~
	7	5
	17	
	0	-
	Sh	0
	-	0
	0	C
	ti	2
	12	4
9	H	0
Z	0	
\overline{c}	ηţ	4
5	1	74
	44	Q
2	0	2
MARGIN RESERVED FOR BINDING	E	5
<u>—</u>	9	5
2	•14	0
\$-stel	30	7
0	24	Q
國	5	÷
>	2	5
52		94
M	1	0
202	5	C
된	a	G
j.ii	r le	5
7	2	
=	1	37 0
5	A	C
H.	P	2
Y	1	U
2	Z	4
	D	ቯ
	_	
	I, WITH UNFADING INK. Every item of information should be	+
		2
	1	+
	-	2
	2	2

#:	V OAMO	EALTH DEPARTMENT E OF DEATH	Registered No	3179	
	Type or Print) Lauise White		2. DATE OF DEATH 3-27-	53	
	B. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Who			
	8. FULL NAME OF Control in hospital or institution, give street address of dospital or institution address of dosp		atside eorpor de l'mits writ	e RURAL and give	
: -	9311 Wheety Agts. and	Salty	mort?	J bwnship	
0	E. Length of stay in Baltimore Days	2211111	ity Hat	E. Qu.	
a line	emale Calored Thursday (Sports)	8. DATE OF BIRTH S	ast birthday) Months I	Year H Under 24 Hours Days Hours Min.	
ST IS	OA, USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR rk dono during most of working life, even if retired) INDUSTRY			ITIZEN OF VHAT COUNTRY	
	3. FATHER'S NAMES	14. MOTHER'S MAIDEN NAM	·	. A. Us	
- Lear	5. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL	Veney &	larrett.		
5 (es, no or unknown) (Does, give war or dates of service) SECURITY NO.	no Mallian	ita Hale	SE Car	
- Care	18. 446X CAUSE	OF DEATH		TERVAL BETWEEN	
200	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	hroselerosis			
201	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
TA.	ANTECEDENT CAUSES				
LION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
FICA					
TIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
C. H.		RATION		20. AUTOPSY?	
DICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		in Baltimore City, give ex	act location)	
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE		OCCUR?		
ally	m. WHILE AT NOT WHILE AT WORK AT WORK	2	1 Autorse	7.6	
especia	22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or	Autopsy, Ins	spection or lyquiry		
20 00	and death in my opinion resulted from: natural cause	s , accident , suicide 23B. CHIEF MEDICAL EX], homicide [], undete	rmined [].	
ا ا	Willia Vourst	ASSISTANT MEDICAL EX	AMINER 3-2	8-53	
	TOR REMOVAL (Specify)	Rem. P.C. 340. LOC	ATION (City, town, or cou	Me State)	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	125 PUMERAL DIRECTOR	Luneus	Rose	
	AN 30 1990 Thurlington Williams AST	1631 Dru	I Stell	any	
	V S 151				

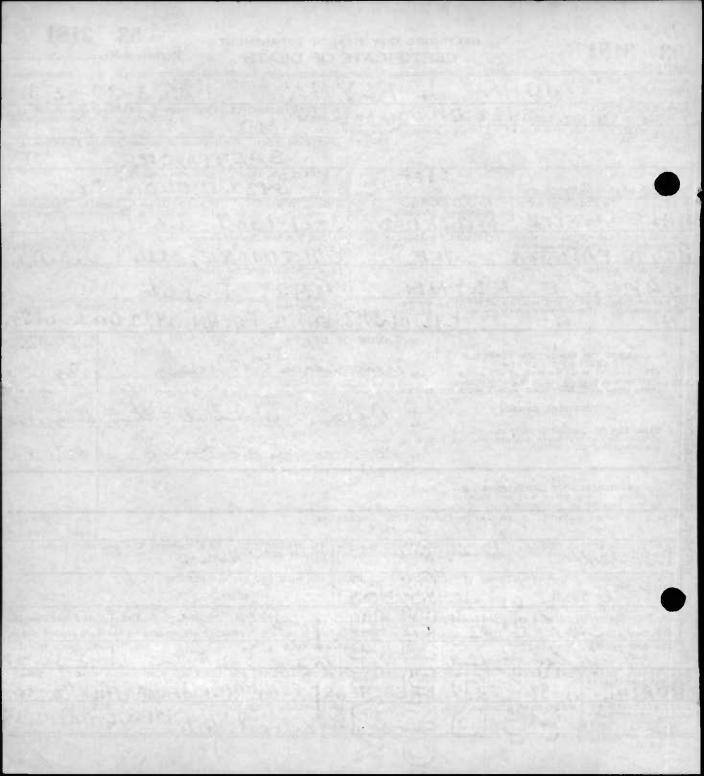




45	3 3181 CERTIFICAT	HEALTH DEPARTMENT 53 TE OF DEATH Registered No	31.81
1.	NAME OF DECEASED JOHN J. FL	YNN 2. DATE OF 2_1'	7-53
3. [PLACE OF DEATH: Baltimore City, Maryland 3422 DILLON ST	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
B. F	CULL NAME OF (If not in hospital or institution, give street address or spiral OR location institution)	MD.	101
6	LIFE Yrs.		
C.	eth of stay in Baltimore Mos. Days 16. COLOR OR RACE 7. SINGLE, MARRIED.	39LZ DILLON 3	T. Hillinday 24 House
M	ALE WHITE MARRIED	3-21-1887 last birthday) Months	
H	USUAL OCCUPATION (Givekind of lone during most of working life, even if retired) OUSE PAINTER FATHER'S NAME		CITIZEN OF WHAT COUNTRY?
	JAMES E. FLYNN	MARY BOYLE	Resident.
(Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY 319	17. INFORMANT ADDR	LLON ST.
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	colute C.V. Serese	ang 1943
	ANTECEDENT CAUSES	1. Rinch il atten	Cen 1642
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	possibil Faibur	3-21-53
TIF	OTHER SIGNIFICANT CONDITIONS CON-		
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
IEDICAL	21A. ACCIDENT WAS UNDER- LYING OF CONTRIBUTING about bome, fairly, factors, street, office bldg	, in or 21C. WHERE DID (If in Baltimore City, give s, etc.) INJURY OCCUR?	
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR. FINJURY MHILE AT WORK AT WORK		N. C.
	22. I hereby certify that I attended the deceased from Q	ug 1943, to mar 27, 1953, ti	hat I last saw the
	deceased alive on the 19 3. and that death occu	urred at O. P. m., from the causes and on the o	
	G. a. Schmenk M.D.	842 & E ast hor	3-30-53
TIO	A. BURIAL, CREMA- N. REMOVAL (Specify) 3-31-53. SACRED H	EART CEM, 7401 GERMAN HI	LL RD, MD.
DA LO	TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR THE THE PROPERTY OF THE PRO		DORESS DNKLING ST.

VS 150

56434



-655 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) IARKES HARMON OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Was B. FULL NAME OF (If not in hospital or institution, give street address or MARIAMO HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) INIV. HOSP SALISBURY D. STREET ADDRESS (If rural, give location) Yrs. Mos. E. MAIN ST. c. Leigth of stav in Baltimore Days 9. AGE (in years If Under 1 Year I Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WILLOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, ao or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, ao or unknown) SECURITY NO. IONL CAUSE OF DEATH INTERVAL BETWEEN ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION. 20. AUTOPSY 218 PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY AT WORK 1953, 10 3-30 .. 1953 that I last saw the 22. I hereby certify that I attended the deceased from. ... and that death occurred at 3 deceased alive on 3 - 29-53, 19 23A. SIGNATURE 23c. DATE SIGNED 24A. BUBIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 248, LOCATION (City, town, or county)

VS 150

DATE RECEIVED BY

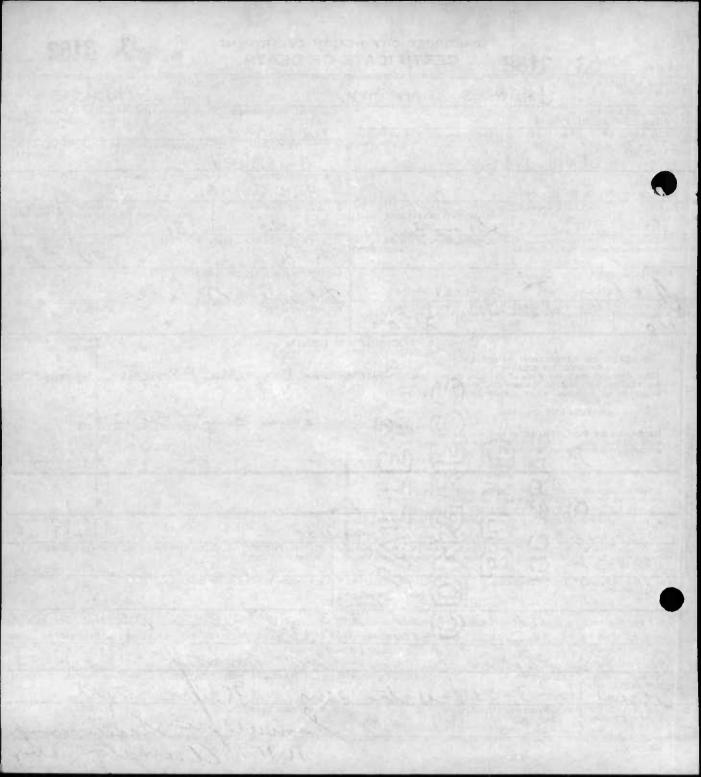
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1011 M. arlington and

ADDRESS

25. FUNERAL DIRECTOR



- 2	0	5	0
3	3	18	33
BIRT	TH N	ο	
1. N	AME	OF	DECI

	52	31.83
Registered	No.	07100

						FO 0100
3	3183		TIMORE CITY HE		Registered 1	53 31.83
1.	NAME OF DECEASED To bype or Print)	Anne	Beck		2. DATE OF DEATH 3	30/53
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDEN	CE (Where deceased lived, If B. COUNTY	institution: residence before admission)
HC	FULL NAME OF (If not in hospital OR STITUTION White Sil	11	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give township)
c.	Length of stay in Baltimore	4 13 6	50 MM		Route 5	5600
5.	SEX G. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	5 7 30	last birthday) M	if Under 1 Year onths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) at home	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Earl Koontz			14. MOTHER'S MAID Unknown	EN NAME	EN MO
15 Yes	. WAS DECEASED EVER IN U. S. ARMEE s, no or unknown) (If yes, give war or dated	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Mr. Carl F.	Back-Mt. Airy,	Md.
RTIFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	f H dying, e.g. ns the diseas aused death SES ANY, GIVING STATING TH	(B) DUE TO	retire Cranio	tony, and Right For Britist Lober	
CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	D			
L	19A. DATE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
IEDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLA	ACE OF INJURY (e. g., inform, factory, street, office bldg., e	or 21c. WHERE DIE	(If in Baltimore City,	give exact location)
Z	21D.TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
	22. I hereby certify that I att	tended the	deceased from 2	9 53, 19	to 3 30 53, 19 rom the causes and on	_, that I last saw th
	deceased alive on 3 30 33	H. Sani		3B. ADDRESS	Hospital	23c. DATE SIGNED
24 TI	AA. BURIAL, CREMA- 24B. DATE ON. REMOVAL (Specify) Removal 3/30/53		24c. NAME OF CEMETE West Elkton (RY OR CREMATORY	Middletown Chi	
	ATE RECEIVED BY REGISTRAR	SSIGNATU		25. FUNERAL DIREC	Claner V	ADDRESS

VS 150

Bullo 17, Md.

Year and the second sec

1	N	-45	1
he	5. BI	RTH NO.	
The	1. (T	NAME OF D	ECEASED
ully supplied.	B.	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	City, Mary
ıllı		STITUTION	F
		Length of s	tay in Balt
l be		lale	Colo
Every item of information should be draite the causes of death clearly and legible	wor!	A. USUAL OC	CUPATION
ion cle		Aborer	IAME
mati		John	Will
of d	(Ye	. WAS DECEASE , no or unknown)	D EVER IN U
of i	-	Yes 18.002	War
cau		0 - 0	SE OR CON
ry it		(This does heart failu	LEADING not mean t re, asthenia,
Evel		injury or	ANTECEDE
AK.	Z		S OR COND
UNFADING INK Physicians: pleas	CERTIFICATION	RISE TO T	HE ABOVE C
ADIT cians	IFIC	OTHER S	IGNIFICAN
NF	ERI	TRIBUTING	TO THE OE
D I		19A. DATE C	F OPERATI
VITE	MEDICAL	21A. EXTERN UNDERLYING UTING [] C	NAL CAUSE
Y, V	1ED		
y in	4	OF INJURY	Month) (Da
ciall	1	22. I eerti,	fy that I t
re P		the cvi	dence obtoath in my
/RIT		23A, SIGNA	
age	2	4A. BURIAL, C	REMAIL SAS
OLEASE WRITE orrect age is esp	R	4A. BURIAL, CON, REMOVAL (S	pecify)
PLI	D.	ATE RECEIVE	

BALTIMORE CITY HEALTH DEPARTMENT

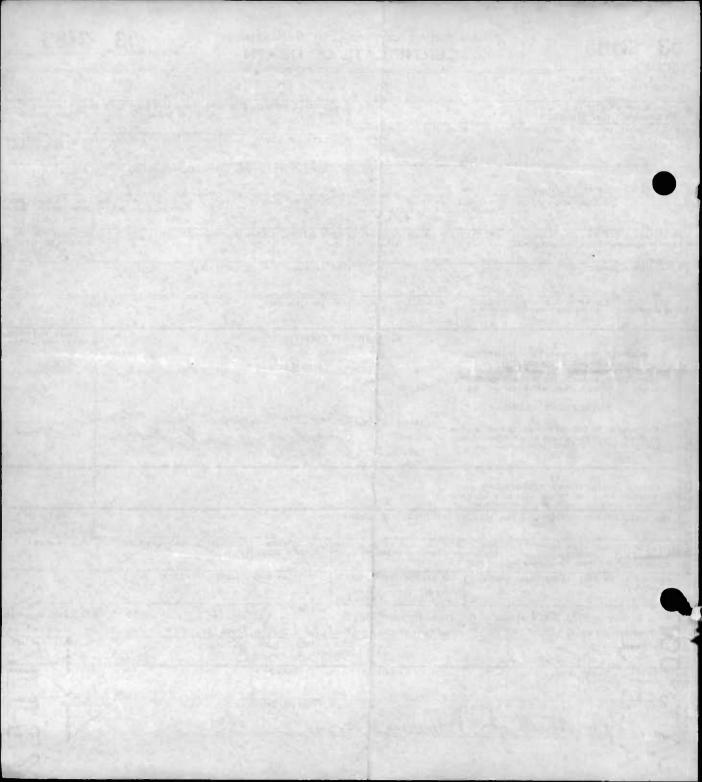
53 3184

D _{BI}	RTH NO.) (.		CERTIFICAT	E OF DEATH	Registered 1	Vo	
1. (T	NAME OF D		EARL J	. WILLIAMS		2. DATE OF DEATH March	27, 1953	
A.	PLACE OF D Baltimore (City, Maryland	Beltol	City ion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If B. COUNTY	institution: residence before admission)	
H	SPITAL OR			location)		f outside corporate limit	ts, write RURAL and give	
3	16	Frankli	in Squa	re Hospital	Baltimore D. STREET ADDRESS (III	rural, give location)	-01	
		stay in Baltimore	20 Yr	Mos. Days	621 Geor	ge Street	,	
	sex ale	6.COLOR OR RACE	Sep.	E. MARRIED, ZED, DIVORCED (Specify)	S. DATE OF BIRTH July-12-21	9. AGE (In years last birthday) Mo	M Under 1 Year H Under 24 Hours onths Days Hours Min.	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	aborer . FATHER'S	NAME	In Ge	neral	Richmond Vir		U.S.A.	
	John	Williams			Amanda Win	ston		
15 (Ye	s, no or unknown)	1 Nov 1/ m	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
-	Yes	War # 2			Amanda William	18 1925 Pul		
	18.002	× 1		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
ı	heart fail:	s not mean the mode of ure, asthenia, etc. It mes complication which of	of dying, e. :	e.	ery tuberculosis	•••••••••••••••••••••••••••••••••••••		
		ANTECEDENT CAUS	SES					
Z		S OR CONDITIONS, I		NG .				
MOITA		THE ABOVE CAUSE (A) YING CONDITION LA		(C)				
2								
ERTIFICA	TRIBUTIN	II SIGNIFICANT CONDI G TO THE CEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED				
U	The second second second	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN		FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)	
ME	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK		Y OCCUR?		
	22. I eerti	fy that I took char		remains described of	toove, neta an	al autopsy	_ thereon and from	
	the cv	idence obtained by	said Auto	psy. Inspection or	Autopsy, Inquiry, find that said d s 📆, accident 🗀, suicide	: []. homicide []. 1	indetermined [].	
-	23a. SIGNA	TURE BA	From	Pien M	238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER	arch 27, 1953	
24 TIC	AA. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. L		, or county) (State)	
Bu	riel	3/31/5		Baltimore N	at. Balt	imore	ADDRESS A	
	ATE RECEIVE		S SIGNATU	IRE.	25. FUNERAL DIRECTOR	I am I had	Busines 40	

V S 151

The Property of the summaring Eller Street In the

-630	BURRI	LSS		E. YATA
53 3185	CERTIFICATI	E OF DEATH	Registered No.	3185
1. NAME OF DECEASED (Type or Print)	4. 6. Be	ennum	2. DATE OF BEATH 30	5-3.
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution) 59/0 Online 59/0 Online	sol. Ri	Buttunon	outside eorporate limits, w	rite RURAL and give
c. I th of stay in Baltimore	Yrs. Mos. Days	5910 Jan	Mirosoll	Pd
engela white will	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH / Sept 26. 11881	last birthday) Month	n I Year H Under 24 Haurs S Days Hours Min.
10A. PSUAL OCCUPATION Give kind of rock done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11/ BIRTHPLACE (State or to	l. 24d	CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME LEVY GE RELY	noldy	14. MOTHER'S MAIDEN NA	Isens!	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs Charles	J Treph	MUSINA PO
18. 443X		OF DEATH	0/	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	. g., (A)	ebulka	tochage	3 Rays
ANTECEDENT CAUSES	0	100 - 1 -	160 1-	V
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		Cualioras	uladeses	5 yr.
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on makes 30, 19	e deceased from Sel		lear 3019 531	
23A. SIGNATURE Selection		3B. ADDRESS Jole 10		35. DATE STENED
24A BURIAL, CREMA- TION REMOVAL (Specify) 4/2/53	Loudon De	EY OR CREMATORY 24D. L.	Predelles a	eounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	Welliama M.	25. FUNERAL DIRECTOR		DORESS
WAR 3150 130	Was a series of the series of		10,00,000	



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	3186
Registered No	

ВП	53 3	186		CERTIFICAT			No
	NAME OF D	ROBERT	BLIZZA	RD DAVIDSON		2. DATE OF DEATH MA	r. 27. 1953
3. A.	PLACE OF D Baltimore (City, Maryland			A. STATE	NCE (Where deceased lived, I B. COUNTY	
HO	FULL NAME SSPITAL OR STITUTION	US Public Hospital	l or instituti lealth ital	on, give street address or Service location)	c, city or town	(If outside corporate lim	its, write RURAL and give township)
W	yman Pk.	Drive & 31s7	St.		Marsha.		
c.	Length of s	tay in Baltimore	76 da	Yrs. Mos. Days		SS (If rural, give location)	
	sex M	6. COLOR OR RACE	WIDOW	E. MARRIED. ED. DIVORCED (Specify) WET	8. DATE OF BIRTH 2/26/79	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Aonths Days Hours Min.
10/ work	doneduring most of Retired	CUPATION (Give kind of f working life, even if retired)		of BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	IAME			14. MOTHER'S MAI		
		Ed. Davidsor			Martha Mu	ncey	
15 (Yes	, was DECEASE , no or nnknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records - US	PHS Hospital, B	alto , Md.
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	FH dying, e. g ns the diseas- aused death EES FANY. GIVIN STATING TH	e, Spr	cinoma prosta ead metastase	ete with wide-	1 yr.
SERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D			
. 1				FINDINGS OF OPER	RATION		20. AUTOPSY7
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE DI etc.) INJURY OCCUP		YES NO , give exact location)
2	21D, TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OCCUR?	
		. Atking	cnded the	and that death occu	an. 10 , 1953 rred al:15P m., 23B. ADDRESS	from the causes and on al. Balto, Md.	the date stated above. 23c. DATE SIGNED 3/27/53
TIC	DEREMOVAL (S	CREMA- 24B. DATE 3/30	153	Old Draw	ERY OR CREMATORY	Odessa -	Islaurre
LC	TE RECEIVE	D BY REGISTRAR	SSIGNATE	Williams Mo	25. FUNERAL PIR	The da 2	ADDRESS DO

69091

DESCRIPTION PROPERTY AND ENGINEERS . 199 MINTER THE TANK TO THE RESIDENCE THE RESIDENCE OF THE PERSON the state of the s State of the second second second second

BALTIMORE CITY HEALTH DEPARTMENT Register No 3187 3187 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OF corporate limits, write RURAL and give C. CITY OR TOWN D. STREET ADDRESS c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. If Under 1 Year If Under 24 Hours last biythday) WIDOWED, DIVORCED (Specify) Months Days Hours Min. arried 10A. USUAL OCCUPATION (GivekIndot) 108. KIND OF BUSINESS OR E (State or foreign country 12. CITIZEN OF work dopeduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? ousewise 13. FATHER'S NAME man 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. TERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 1919, that I last saw the 22. I hereby eertify that I attended the deceased from Im., from the causes and on the date stated above.

deceased alive on March 1953, and that death occurred at 23A, SIGNATUR

23B, ADDRESS

23c. DATE SIGNED

CREMAmisia

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTO

ADDRESS

VS 150

BALTIMORE CITY HE	ALTH DEPARTMENT Registered No. 3188
53 3188 CERTIFICATE	FOF DEATH 751 X Registered No. 1100
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: Howard
(b) Street address	(a) State M.D. (b) County M. C. T. (c) City or town Filicott City City or town
is L. Kernan Kropetal for Creppled Children	(If outside city or town limits, write RURAL and give town (d) Street No. Old Frederick Road
(d) Length of stay in hospital or inst. (yrs., mos., or days) 400AYS (e) Length of stay in Baltimore (yrs., mos., or days) 4 DAYS.	(e) Citizen of foreign country?(Yes or No
3 (a) FULL NAME SUSAN ELLEN GOSNELL	Liberta Americas po instata de trans
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No No. None	20. DATE OF DEATH March 30 1953 at 8.45 P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced 1N91E	21. I certify that death occurred on the date above stated; that I attended deceased from DEC 30 1952, to MARCH 30 1955.
6 (b) Name of husband or wife	and that I last saw h ER alive on MARCH 3019 53.
6 (c) If alive, give age years	Immediate cause of death INCREASED Duration
7. Birth date of deceased (mo., day, yr.) /2-26-52	INTRACRANIAL PRESSURE DUE
8. AGE: Years Months Days If less than one day	TO CONGENITAL ANOMOLY OF SPINE
94hrmin.	Due to
9. Birthplace BALTIMORE, M.D. (Town, county, and state)	Due to
10. Usual Occupation	
	Other Conditions SPINA BIFIDA
12. Name KENNETH GOSNELL 13. Birthplace Savage Md.	(Include pregnancy within 3 months of death) Date of operation JAN 281933 Underline the
	Major findings of operation: DRALNING cause to which
E 14. Maiden Name 5 LCEW 1 RW10	MYELOMENINGOCOELE death should be death should
15. Birthplace Seebin a Virginia	of autopay: NONE PERFORMED tically.
16 (a) Informant Kenneth Gosnell	22. If death was due to external causes, fill in the following:
(b) Address Ellicott City, Md.	(a) Accident, suicide, or homicide
17 (a) Burial (b) Date thereof (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory Good Shepherd	(d) Did injury occur about home, on farm, industrial place, in publ
Location Ellicott City, Md	place? While at work? (Specify type of place)
18 (a) Funeral director F.C. Higinbothom	(e) Means of injury
(b) Address Ellicott City Md.	23. Signature Robert J. Strang mo
19 (a) P. 3. 1953 + (b) tray town Williams M. P. Registrar	Address Kernan Hopital Date signed 3-30-53
7.0	

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

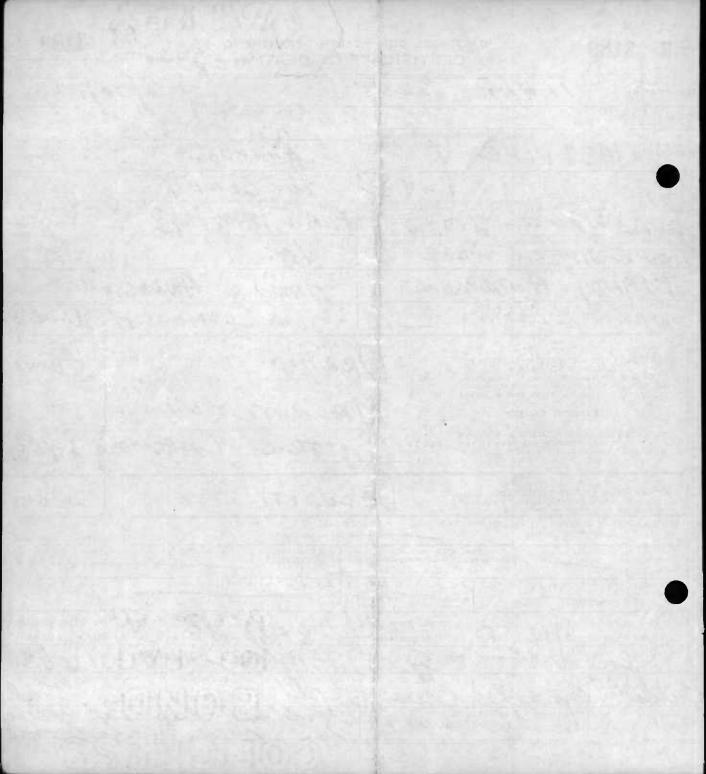
DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

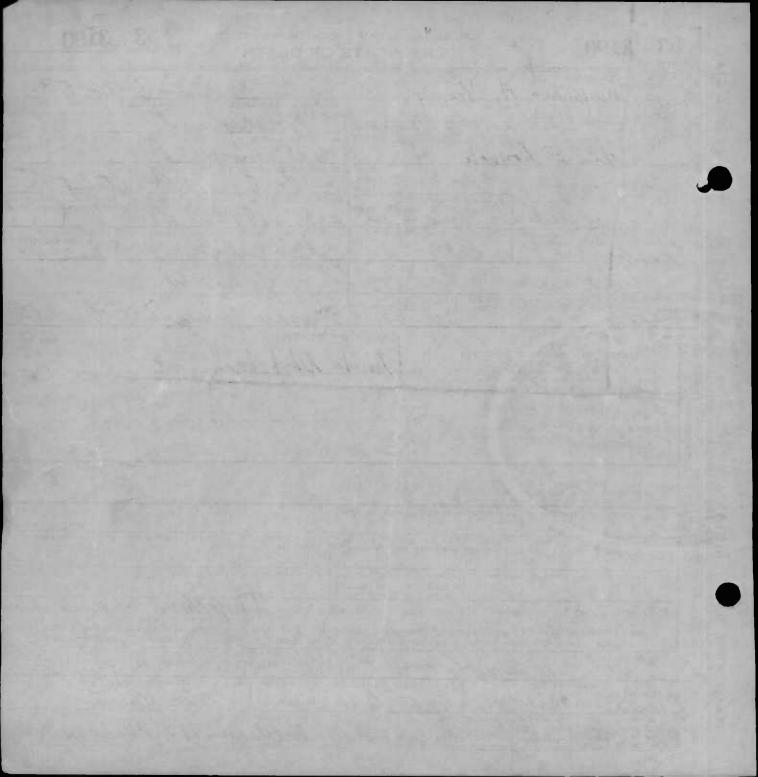
For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

53 3189 BIRTH NO. BALTIMORE CITY HE CERTIFICAT:	EALTH DEPARTMENT E OF DEATH	Registered No.	3189
1. NAME OF DECEASE NANNIE BELT		2. DATE 0F 0F DEATH	15-3
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, the street address or HOSPITAL OR INSTITUTION 1933)		B. COUNTY utside corporate limits, wr	before admission)
c. Length of stay in Baltimore	D. STREET ADDRESS (If ro	iral, give dection)	210
5. SE 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	FEB. V, 1890	9. AGE (In years If Under last birthday) Months	1 Year I Under 24 Hours Min.
10Å. USUAL OCCUPATION (Givekind of vorkitoreduring most of working life year if retired) HOME INDUSTRY 13. FATHER'S NAME	VIT.	U	CITIZEN OF WHAT COUNTRY?
MANDY HNDERSON	NANN'E	ANDERS	N
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT CLE	MONS-193	BUINER
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	OF DEATH REMIA		SDAY
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AUNUTRIT ASTRIC (CARCINON,	2-yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CURITI		2-wks
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home, farm, factory, street, offic	etc.) INJURY OCCUR? ED 21F, HOW DID INJURY	in Baltimore City, give	exact location)
22. I hereby certify that I attended the deceased from deceased alive on 3, 19, 19, and that death occur	19 ,1952, to 3	causes and on the d	at I last saw the ate stated above.
24A. BURIAL, CHEMA- 24B. DATE 24C. NANE OF CEMETE 24C. NANE OF CEM	RY OR CREMATORY 24D to	CATION (City, town, or o	Sunty (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 WIER CIRCLOS	Adulia Isi	Stess Home



V S 151 before admission)

NO



-643 53 3191

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3191

BIRTH NO.		CER	HEICAH	E OF DEATH	registereu	1110,
1. NAME OF C (Type or Print)	DECEASED Mari	on A. Sauer	wald		2. DATE OF 3/2	9/53
	City, Maryland			4. USUAL RESIDENC A. STATE Maryland	E (Where deceased lived, B. COUNTY	If institution; residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION		al or institution, give	location)	C. CITY OR TOWN	//	nits, write RURAL and give township)
10003	1401 Popla	r Grove St.	Yrs.	Baltimore D. STREET ADDRESS		0/
c. Length of s	tay in Baltimore	Life	Mos. Days		ar Grove St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARR WIDOWED, DIV	ORCED (Specify)	8. DATE OF BIRTH 4/30/1880	9. AGE (in years)	it Under 1 Year II Under 24 Hours Months Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
No.	ne	None		Philadelpha		USA
13. FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	
15. WAS DECEAS	LE ED EVER IN U. S. ARMEI	rorces? 16. SC	CIAI	17. INFORMANT		
(Yes, no or unknown)	(If yes, give war or date)	of service) SE	CURITY NO.		5022 Pilgrim	Rd. 14
(This does heart failt injury or	SE OR CONDITION LEADING TO DEAT s not mean the mode o are, asthenia, etc. It mea complication which c	'H f dying, e.g., (ns the disease, aused death.) DU	CAUSE (A)	of DEATH Ente Fuln	many Edem	INTERVAL BETWEEN ONSET AND DEATH // John // John
RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	ANY, GIVING STATING THE DU ST.	E TO C)			
TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATED CAUSING IT				
19A. DATE O	OF OPERATION 1	9B. MAJOR FINDI	NGS OF OPER	RATION		20. AUTOPSY?
ZIA. ACCIL	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF about home, farm, factor	INJURY (e. g., i	o or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	, give exact location)
2 lb. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. INJ m. WHILE AT	NOT WHILE		JURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-29, 1953 to 3-29, 1953 that I deceased alive on 3-29, 1953 and that death occurred at 8:30 Am., from the causes and on the date s						
23A. SIGNA	TURE ash	ny ny	м. р.	120 Poplar	Home St	23c. DATE SIGNED
24A. BURIAL. TION, REMOVAL (S Buria	CREMA- Specify) 4/1/53		Me of CEMETE Orraine F		Woodlawn Md.	
DATE RECEIVE		S SIGNATURE	WAL MY	J. T. Stansbur)	ADDRESS

MINUSTER A RELEASE. Service Committee A ME STATE OF STATE O . AS TO THE PARTY All And Andrews Control of the Contr

53	3192
BIRTH 1	١٥.
1 NIAME	OF DECEM

Uth the the	TIMORE CITY HE			3 No.3192
1 NAME OF DECEASED	1-042 71		2. DATE 3/1	3/ 1/15
3. PLACE OF DEATH:	alter H	4. USUAL RESIDE	NCE (Where deceased live	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instituti		A. STATE	Md B. COUNT	Y before admission)
HOSPITAL OR INSTITUTION 808 DELVERN	e ave	c. CITY OR TOWN	Balto	write RUBAL and give
c. Length of stay in Baltimore	Yrs. Mos. Doys	3808	SS (If rural, give location ELVETH	
male White my	ANTIED,	8. DATE OF BIRTH		Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork dooe during most of working life, even if retired)	of Business OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MA	DEN NAME	
15. WAS DECEASED EVER INU. S. ARMED FORCES?	16.000	alen"	Vane Mazi	127
Yes, oo or uokoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Trace E	NAOVET DE	1800 RSS
18. 422.1	CAUSE	OF DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death.		eardia	l Dégenera	tion left.
ANTECEDENT CAUSES	B	rterios	chooses	8 drs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	G DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
	FINDINGS OF OPERA	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLA	CE OF INJURY (e.g., in	or 21c. WHERE D	D (If in Baltimore Ci	ty, give exact location)
	rm, factory, street, office bldg., et			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
INJURY	1E. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	auth
m.	WORK NOT WHILE	JI de la	11/1/2	23/5-3
deceased alive on 3 - 216 - 39 , a	deceased from	red at 10 4 m		that I last saw them the date stated above.
23A. SIGNATURE		BB. ADDRESS	e half	23c DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 2	M. D. 4c. NAME OF CEMETER	17/0	24D. LOCATION (City, to	own, or gounty) (State)
Buriel 4/1/53	Parkwo		Parkerille	Wed .
DATE RECEIVED BY REGISTRAR'S SIGNATUL		25. FUNERAL DIRE		ADDRESS
MAR 31 1053 / Juntington 17	WHALKA, MODE	1- Ook &	1c. 1217 St.	Paul J.
VS 150	690	SE		

5 B	3 319 18TH NO.	33		EALTH DEPARTMENT E OF DEATH	53 Registered No.	3193	
	NAME OF D Type or Print)	ECEASED	Minerva H. Eason		2. DATE OF DEATH March	28, 1953	
Α.		City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution : residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION		al or institution, give street address o location Baltimore Street		outside corporate limits, w	rite RURAL and give township)	
_		tay in Baltimore	Yrs. Mos. Dnys	o.street address (If a 2123 E. Baltimo			
	emale	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed	July, 1895		er I Year if Under 24 Hours is Days Hours Min.	
wor	k done during most	CUPATION (Give kind of for working life, even if retired) Utility Work		11. BIRTHPLACE (State or for Canada	reign country) 12	U. S. A.	
13	3. FATHER'S	Albert Biebe	WASH POWER (M)	14. MOTHER'S MAIDEN NA	ME		
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. 217-01-2112	17. INFORMANT Anthony D. Craig		RESS	
NOIL	(This does heart failu injury or DISEASE:	LEADING TO DEA' To mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, I HE ABOVE CAUSE (A)	DIRECTLY TH of dying, e. g., ms the disease, caused death.) SES (B) (B)	of DEATH arcinoma 7 Radder & Be vil metas fo	Gall Le Ducts eses Loives	INTERVAL BETWEEN ONSET AND OEATH AUTHORS (May 1)	
CERTIFICATION	OTHER S TRIBUTING TO THE O	II GIGNIFICANT CONDITION TO THE OBATH, BUT ISEASE OR CONDITION	(C) ITIONS CON- NOT RELATED I CAUSING IT.				
MEDICAL	Coct 21A. ACCID	ENT WAS UNDER-	98. MAJOR FINDINGS OF OPE 9	in or 21c. WHERE DID (I	Salf Bl.	20. AUTOPSY? YES NO Control No Co	
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						

3/28/, 1953 that I last saw the

22. I hereby certify that I attended the deceased from_

REGISTRAR'S SIGNATURE

23B. ADDRESS

1953, and that death occurred at ///A.m., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

deceased alive on_ 23A. SIGNATURE

St. Paul's Cemetery

25. FUNERAL DIRECTOR

Baltimore, Maryland ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

burial

VS 150

563

53 3194

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3194 Registered No.

BIRTH	NO.			CLIVIII ICAII	- OI DEATH	•				
I. NAN	NAME OF DECEASED 2. DATE									
(Type or Print) Laura R. Rinehart				DEATH March 29, 1953				.953		
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDEN	VCE (W	here deceased lived B. COUNTY			residence re admission)	
	LNAME	OF (If not in hospit	al or instituti	on, give street address or location)	Maryland					
INSTIT	TAL OR	03.0 B 1.0	011 GL.		c. CITY OR TOWN	(11)	outside corporate.l	imits, wr	ite RUI	RAL and give township)
1.7		210 East 2	oth Str		Baltimore		10	· Committee	and and	
				Yrs. Mos.	D. STREET ADDRES)		9
		tay in Baltimore		Days	210 East 20	Oth S		T (7.1)		
5. SEX		6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under Months	Days	Hours Min.
fem		white		dowed	September 10				1	
OA. US	SUAL OC	CUPATION (Givokind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or fo	reign eountry)	12.	CITIZI	EN OF COUNTRY?
	usewif		own ho		Carroll Cow	nty,	Maryland			
13. FA	THER'S N	IAME			14. MOTHER'S MAIL	DEN NA	ME			
	Jos	shua Wilson			Mary Grifee					
15. WA	S DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT			ADDR	ESS	
1 66, 110 0	durnown)	(at you, pare war or dute	a or service)	SECURITY NO.	Pauline Free	man,	210 East :	20th	Stre	et
FRIIFICATION	(This does heart failuinjury or DISEASES RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea eomplication which of the complication which of the complication which of the complication of the complicati	TH of dying, e. g. ns the disease caused death. SES F ANY, GIVIN STATING TH IST. ITIONS CON NOT RELATE	DUE TO VICE (B) (C)	aular D	ioed	rdió '		ONSET	AND DEATH
<i>-</i>				FINDINGS OF OPER	ATION				20. A	UTOPSY?
1			1		Lote Miner	D (7	A in Delvi	Ann and an	YES	NO L
LY		ENT WAS UNDER- R CONTRIBUTING DEATH	about bome, f	CE OF INJURY (e. g., i erm, factory, street, office bldg.,	n or 21c. WHERE DII		f in Baltimore Ci	ty, give	exact	ocation)
S I	TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?			
	INJURY		m.	WHILE AT NOT WHILE		n	,			
de		Hve on Mark	tended the	deceased from Mand that death occur	Mah 3/ 1953	from the	he causes and o	n the d	ate st	ast saw the ated above. TE SIGNED
	VVV	us , La	wy	м. р.	1844W	MAG	Thave	Ma	non.	3/-195=
TION R	EMOVAL (S Urial	CREMA- 24B. DATE (pecify) 4/1/53	V	24c. NAME OF CEMETE Ebenezer Ceme			ocation (City, to			(State)
	RECEIVE REGIST		SSIGNATU	Allique Mi	Wm. Cools	0	, 1217 St		DRES	
			95							

THE STREET HEAT WITH THE PLANS HI ASIGNED SELECTION IS A

53 3195

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3195

BIRTH NO.	CERTIFICATI	E OF DEATH	1005.500104 1102	
1. NAME OF DECEASED (Type or Print) Cat	herine Bowling		2. DATE OF March	30/53
3. PLACE OF DEATH: A. Baltimore City, Maryland 40 B. FULL NAME OF (If not in hospital OR INSTITUTION	4 N.Robinson St. al or institution, give street address or location)	4. USUAL RESIDENCE (WASTATE AUT N. Robinson State of C. CITY OR TOWN (If	outside corporate limits, w	before admission)
c. Length of stay in Baltimore	Yrs. lifeays	D. STREET ADDRESS (If a 404 N. Robinson		
5. SEX 6. COLOR OR RACE Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 28.1867	9. AGE (In years last birthday) Month	er i Year s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if rotired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo Baltimore Md.	reign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Conrad Thom		14. MOTHER'S MAIDEN NA	AME	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or uokoown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO. NONE	Mrs/W.Roach, 404 1	N.Robinson St.	
DISEASE OR CONDITION OF THE PROPERTY OF THE PR	DIRECTLY TH f dying, e. g., ns the disease, aused death.) DUE TO ESS FANY, GIVING STATING THE DUE TO	ronary through rteriosclerotu attrioscleroi,	roris · C. V. disen. · Jeneralizia	INTERVAL BETWEEN ONSET AND DEATH boun 0 9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
19a. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER		f in Baltimore City, give	20. AUTOPSY7 YES No cexact location)
LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) INJURY 22. I hereby certify that Latt	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WHILE AT NOT WHILE AT WORK ended the deceased from 7 19 and that death occur	ED 21F. HOW DID INJURY	occuri 3/30/5-3, 19, the causes and on the c	hat I last saw the
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial April	2/53 Baltimore Cer	netery	Balto, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	s signature	25 TUNERAL DIRECTOR	1 2024 Or	leans St.31

THE REPORT OF THE PARTY OF THE The Special Control of the Control o

-	احرا
53	3196
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

53 3196
Registered No.

BIRTH NO.	E OF BEATH
1. NAME OF DECEASED (Type or Print) GLEHN WATKINS	2. DATE OF DEATH 3/30/5.3
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. CQUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
INSTITUTION MERCY HOSPITAL, INC.	BALTINGE township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 55 Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8420 OLD HARFORD ID.
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work-done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Engineer . C. R. J.	MARYLAND USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Watkines 8426 Granway
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease,	ESTIVE GERAF FAILURE
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home, far	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY WHILE AT NOT WHILE	
m. WORK L AT WORK	
deceased alive on 3 >0 195 3 and that death occur	red at 10 2m., from the eauses and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
100 REMOVAL (Specify) 4/2/5-3 Parknico	111
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAD 21 1059 Histor Vallacus, My	Lassalu Funeral Home 7401. Belang
VS 150	
9/1	

BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

CERTIFICATE OF DEATH 1. NAME OF DECEASED Valentine A. Kogler 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside cornorate limits, write RURAL and give INSTITUTIONSt. Agnes Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location 1623 Woodburne Avenue c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 1892 9. AGE (In years) It Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Male White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman Maryland ATTANTIC Wholesale grocer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian Kogler Deceased Deceased. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or detes of service) 16. SOCIAL ADDRESS SECURITY NO. -19-9491 INTERVAL BETWEEN 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby eertify that I attended the deceased from. , 1923 that I last saw the deceased alive on 2 19 2 and that death occurred at fill m. from the eauses and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) (dity, town, or county) CEMETERY OR CREMATOR 24D. LOCATION

cdeemen

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Burla

Marca Lat in fect

5	140		1412					
	53 31 RTH NO.	i.98		TIMORE CITY HE	EALTH DEPARTMENT	Registered	3198	
1. (T	NAME OF C	DECEASED	NANNIE	V. TINLEY		2. DATE OF DEATH Ma	r. 27, 1953	
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution : residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 3701 Garrison Blvd.					Md. c. CITY OR TOWN Baltimore D. STREET ADDRESS (15	nits, write RURAL and give township)	
c.	mength of s	stay in Baltimore		Mos. Days	3701 Garrison			
5.	Female	6.COLOR OR RACE White		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 5, 1869	9. AGE (ln years last birthday)	If Under 24 Hours Months Days Hours Min.	
10 worl	A. USUAL OC dnneduring most Housewi	CCUPATION (Give kind of of working life, even if retired) fe	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	Thomas	W. Wheatley			14. MOTHER'S MAIDEN Aurelia Colber			
15 (Ye	. WAS DECEAS , nn nr unknown)	ED EVER IN U.S. ARMEE (If yea, give wer nr date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Edna Tinley-3701 Garrison Blvd.			
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1	SE OR CONDITION LEADING TO DEA's not mean the mode of core, asthenia, etc. It mean complication which complication which complication which complication which complication which complication which complication complication which complication complicati	ITH If dying, e.g., Ins the disease Eaused death. EES FANY, GIVING STATING THE	(A)	of DEATH rtie Ster rterio-Sc	osis levosis	INTERVAL BETWEEN ONSET AND DEATH Value	
CERTIF	TRIBUTING	II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED		IGE, 83	gn.		
EDICAL						20. AUTOPSY? YES NO V No v, give exact location)		
ME	CAUSE OF	DEATH (Month) (Day) (Year)	w	1E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?		
	23A. SIGNA	Le.B.	ended the control of	deceased fromnd that death occur	May, 1950, to red at pm., from 3B. ADDRESS	0 1 0 1	23c. DATE SIGNED	
24 TIC	Burial Burial	CREMA- 248. DATE 3/31/53		4c. NAME OF CEMETE Woodlawn Cem.	RY OR CREMATORY 24D.	LOCATION (City, tow Woodlawn		

REGISTRAR'S SIGNATURE

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

25 MUNERAL DIRECTOR VALLEY SANS

ADDRESS

CAPT OF FEE And the state of the state of

- 0		100
53	31	99

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3199 Registered No.

BIRTH NO.		e or bertiii		
1. NAME OF DECEASED ARTI	HUR RUSK		2. DATE 3/6	28/5-3
HOSPITAL OR	tal or institution, give street address or location) Hos pital	BALII	There deceased lived. If B. COUNTY CKE ST. outside corporate limi	Meldre admission)
c. Ogth of stay in Baltimore	53 yrs. Mos. Days	D. STREET ADDRESS (If I	ural, give location)	
Male 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12/20/1876	9. AGE (In years last birthday) M	M Under 1 Year M Under 24 Hours on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of orrk done doring most of working life, even if retired) Multiple played 13. FATHER'S NAME	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Lan caster Cf. 12. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?
John Rusk		many Bule	MIE	
15. WAS DECEASED EVER IN U.S. ARMEI Yes, no or ooknowo) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which or	DIRECTLY TH of dying, e. g., uns the disease,	OF DEATH	Leart	ONSET AND DEATH
ANTECEDENT CAUS DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	Salm entral Hy	sexens	2
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	98. MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e		f in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year)	m. WHILE AT NOT WHILE			
22. I hereby certify that I att deceased alive on work Y	ended the deceased from ma 1, 1952, and that death occur	10, 1953, to merred at/2:454m., from the 138. ADDRESS	ie eauses and on t	that I last saw the the date stated above.
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 3 2	7/53 Lancas	RY OR CREMATORY 24D. LC	ocation (City, town	Co. Va
DATE RECEIVED BY REGISTRAN	tington Williams, M	25. FUNERAL DIRECTOR	'alsen	ADDRESS 1
VS 150	9	V	2 1 1	() A-

BALLIMORE

Mil.

BALTIMORE CITY HEALTH DEPARTMENT

53 3200

	UCF	CACIOLI		CERTIFICAT	E OF DEAT	H Registe	ered No
-	IRTH NO.						
(7	NAME OF D	ECEASED	Walter	Wells		2. DATE OF DEATH	Mar 29, 1953
	Baltimore	City, Maryland			4. USUAL RESID	ENCE (Where deceased li	ived. If institution : residence ITY before admission)
В.	FULL NAME OSPITAL OR		tal or institution	on, give street address or location)	Maryl c. CITY OR TOWN	and	
IN	STITUTION	117 E. 25t)	h St		Balti		te limits, write RURAL and give
T		11/11/11/11/11	<u> </u>	LifeYrs.		ESS (If rural, give locat	ion)
		stay in Baltimore		Days	117 E.	25th. St	
	.sex Male	6.COLOR OR RACE White	WIDOWI	. MARRIED, ED, DIVORCED (Specify) Pried	June 22, 1	last hirthda	ay) Months Days Hours Min.
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Retired S	Salesman A		acking Co	Baltimor	e, Maryland	Wilki Gookiiki
13	3. FATHER'S				14. MOTHER'S MA		ATTENDED TO SECURE
15	WAS DECEAS	James Wells				et Rigger	
(Ye	was DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Mrs Walter	Wells 117 E.	25th. Street
RTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA' s not mean the mode of the present the state of the	TH of dying, e.g. ins the disease eaused death. SES F ANY, GIVING STATING THE	Ester	es relevo when A	he Cardi iseose	onset and DEATH Demen
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE C	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLAG	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	n or 21c. WHERE D		City, give exact location)
~	21D. TIME	(Month) (Day) (Year)	w	IE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	-2
	22. I hereb deceased a 23A. SIGNA		tended the	leceased from	red at 2 m. 38. ADDRESS	, , , , , , , , , , , , , , , , , , , ,	, 19), that I last saw the lon the date stated above.
710	4A. BURIAL. (S ON, REMOVAL (S Burial	CREMA- Specify) 248. DATE	3	4c. NAME OF GEMETE	RY OR CREMATORY	24b. LOCATION (City Baltimore,	
	ATE RECEIVE		SIGNATUR		25. FUNERAL DIR	ECTOR 0	ADDRESS + la

MARGIN RESERVED FOR BINDING

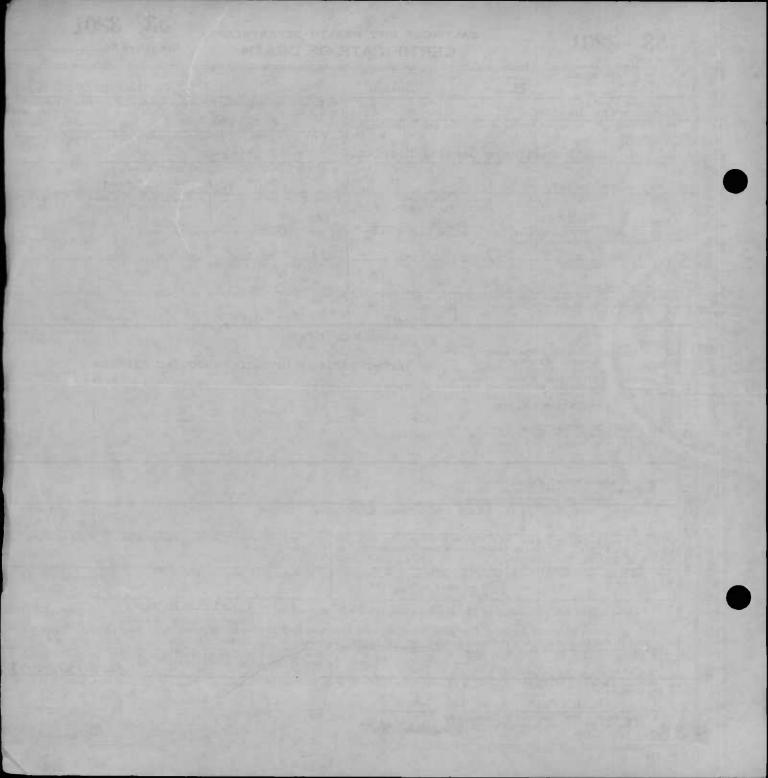
The

4-	63	5
53	32	01

BALTIMORE CITY HEALTH DEPARTMENT

53 3201

ВІ	RTH NO.	SZUL		CERTIFICAT	E OF DEAT	H Regist	ered No	
1.	NAME OF E	DECEASED				2. DATE		
	ype or Print)		LA	HOWARD		OF DEATH	March	29, 1953
	Baltimore	City, Maryland	The Table		A. STATE	NCE (Where deceased I	lived. If instit	tution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or location)		yland	. 11 16	
	STITUTION		0		C. CITY OR TOWN	*	te limits, wr	township)
_	9/	South Baltin	ore Ge	neral Hospital		timore		
c.	Length of s	stay in Baltimore	100	A) Yrs. Mos. Days	370	5 S. Cornest		
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In y	ears If Under	l Year If Under 24 Hours Days Hours Min.
	Female	White		nied	Petober 7, 18	780 72		
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)		CITIZEN OF WHAT COUNTRY
13	. FATHER'S		Jun	Homl	14. MOTHER'S MA	IDEN NAME		
	ande	1 /			11.1			
15		ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDR	FSS
(Yes	on	(If you, give war or date	s of service)	SECURITY NO.	mis. ettel	1 Questy	41 18	wil
Ī	18. 11. 2	- 4			OF DEATH	()	June 1	INTERVAL BETWEEN
	(This doe heart fails	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of	TH of dying, e. ans the disea caused deat	g (A) Arterio	sclerotic ca	rdiovascular	disease	
ATION	RISE TO	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING T					
ERTIFICATION	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED		ш		
0	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
7		1 K				15 (181 3) 111	Gu.	YES X NO
EDICA	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n or 21c. WHERE D		e City, give	exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?		
	22. I certs	ify that I took char		remains described of	thove held an	Partial Auto	psy th	ereon and from
	the en	idence obtained hu	said Aut	opsy, Inspection or I from: <u>natural causes</u>	Inquiry, find that	Autopsy, Inspection or I said deceased died suicide homicide	nquiry on the de	ay stated above
	23A. SIGNA		Salted	Tone. nacural cause.	23B, CHIEF ME	DICAL EXAMINER	□ 23c. D.	ATE SIGNED
	We	Dia 1/Da	nxx	M	.D. MEDICAL INVI	EDICAL EXAMINER	Marc Marc	h 30, 1953
24 TIC	A. BURIAL.	CREMA- Specify)	1053	24c. NAME OF CEMETE	The second secon	24D. LOCATION (Cit	y, town, or co	ounty) (State)
D	TE RECEIVE	D BY REGISTRAR	93 2	("edan Mill	25. FUNERAL DIR	ECTOR	AD	DRESS
	CAL REGIST		low IV	Mesus, Mg.	TP V Sen	liton &	Ile So	Burnie

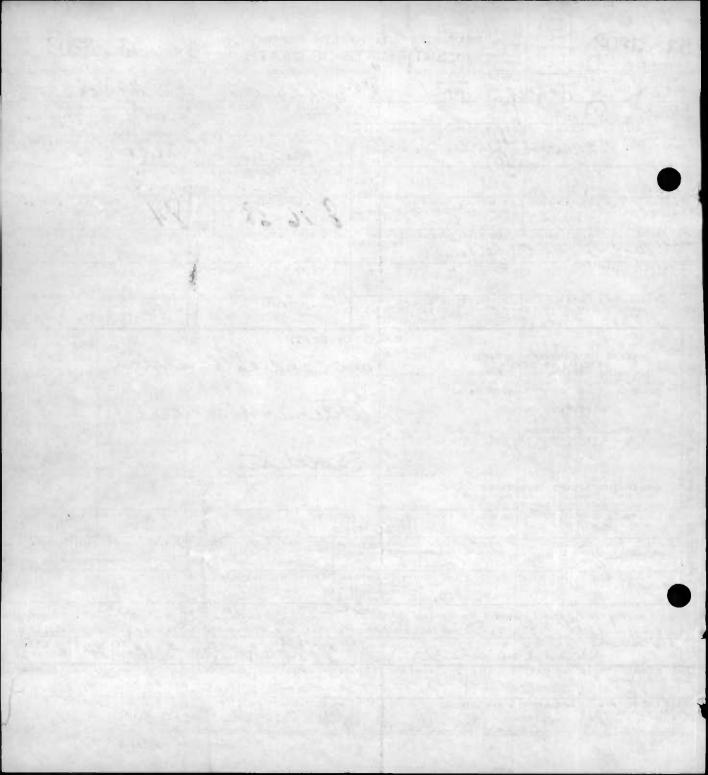


	K-6/0 BIRTH NO. 53 3202 BALTIMORE CITY HEAD CERTIFICATE		53 Registered No	3202
	1. NAME OF DECEASED (Type or Print) GUSTAVUS-ADOLPH-K 3. PLACE OF DEATH:	ORB	DEATH	30. 1953
	B. FULL NAME OF (If not in hospital or institution, give street address of	A. STATE	B. COUNTY	before admission)
	oth of story in Balling Lifetime. Mos.	D. STREET ADDRESS (IFTU	ral, give location)	63 township
	5. SEX 6. COLOR DR RACE 7. SNGLE. MARRIED. White White Widowed (Specify)	June 30.1869	9. AGE (In years If Under last birthday) Months	l Year H Under 24 Hours Days Hours Min.
	attorney at Law Self Employed	14. MOTHER'S MAIDEN NAME	md.	CITIZEN OF WHAT COUNTRY
	Stregor Forb 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL	Katherice Vi	emeyer	PESS O
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	iolet M. Bond :	1000 Catalph	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	erse Ture	mbois	I WK
	Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ADDVE CAUSE (A) STATING THE DUE TO	rtiriosil	rois-	3420.
Ш	UNDERLYING CONDITION LAST.			
11	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		/	1 wx
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATOR 19B. MAJOR FINDINGS OPERATOR 19B. MAJOR			20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.		in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY MHILE AT NOT WHILE AT WORK			
	deceased alive on 1953, and that death occurred	ed atlo 45 Pm. from the	causes and on the d	at I last saw th
	23A. SIGNATURE Serveyn M.D. 238	7808 Hay		30/53
		ark 136	Ottwool	Hud (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRARY	5. FUNERAL DIRECTOR	11 Edmond	soulive
	MAR's 159953			

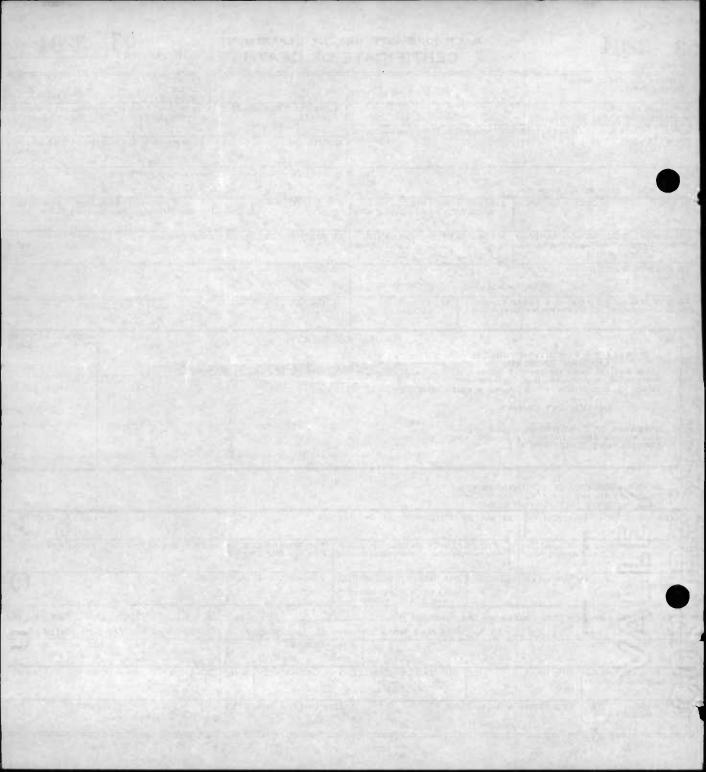
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 3No 3203

BII	RTH NO.							
(T)	NAME OF E	mary	1	J.	80	hilling	2. DATE OF DEATH	march 1953
A.	PLACE OF D Baltimore (FULL NAME	City, Maryland	al or instituti	on vive street		4. USUAL RESIDENCE (V	Where deceased lived, I	f institution : residence before admission)
HC	SPITAL OR STITUTION	Eagwood	_		location	C. CITY OR TOWN (If	1 2.1	its, write RURAL and give township)
c.	Lagth of s	stay in Baltimore			Yrs. Mos. Days		rural, give location)	a DT.
	sex walk	6. COLOR OF RACE	7. SINGLE WIDOW	MARRIED.	D (Specify)	8. PATE OF BIRTH	9. AGE yn year- last birthday) N	li Under 1 Year It Under 24 Hours It Under 24 Hours Min.
10. work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINES	S OR IDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME				14. MOTHER'S MAIDEN N	AME	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURIT		17. INFORMANT Ly		ADDRESS CLURCL Pd.
CERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA soft mean the mode ure, astheria, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT COND G TO THE OEATH, BUT DISEASE OR CONDITION DISEASE OR CONDITION	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B) (C)	S	rterio-100 rterio-100 rockity	lailur	CONSET AND DEATH
1				FINDINGS (20 AUTOPSY?
MEDICA	21b. TIME OF INJURY	(Specify) (Month) (Day) (Year) by certify that I attalieve on A	(Hour) m.	CE OF INJURY 21E. INJURY WHILE WORK deceased fro and that dea	OCCURRI	21F, HOW DID INJURED 21F, HOW DID INJURED 21F, HOW DID INJURED TO THE PROPERTY OF THE PROPERTY	r occurr	Sthat I last saw the the date stated above.
	23A. SIGNA	0000	w oth	utt	м. о.	3B. ADDRESS WILL	tex Bulto-	23 PATE SIGNED
	A. BURIAL	. 4.1.	13	VA		wood	OCATION (City, tow	
	MAR 31		1 SIGNATU	14/13:	Mar. M	FUNERAL DIRECTOR	Lever	ADDRESS
	VS 150	1000	0			130 G. F	ON MES	ž,



520					
53 3204 BIRTH NO.		TY HEALTH DEPAR		53 gistered No.—	3204
1. NAME OF DECEASED (Type or Print)	BARIES 4	1. Zang S	2. DATE OF DEATH		10.53
3. PLACE OF DEATH: A. Baltimore City, Maryland	V13 SACKIO	A. STATE	BENCE (Where decease	sed lived. If institu DUNTY	ution: residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	tal or institution, give street a	ocation) C. CITY OR TOW	/N _(If outside corr	orate limits, write	te RURAL and give
c. Agth of stay in Baltimore		Yrs. Mos. Days		Jon C	7.
5. SEX 6. COLOR OF RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED	(Specify) 8. DATE OF BIR			Year H Under 24 Hours Days Hours Min.
10A. USVAL OCCUPATION (Give kind of working not of working life, even if retired)	LOCKE CO	DUSTRY	(State or foreign count		WHAT COUNTRY
13. FATHER'S NAME CLA	Procession I November 2/es W.	14. MOTHER'S M			
15. WAS DECEASED EVER IN U.S. ARMER (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURIT	Y NO. 17. INFORMANT	mily	DA ADDRE	
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of the condition of the c	TH off dying, e. g., that the disease, caused death.) DUE TO SES FANY, GIVING STATING THE DUE TO	aremon	Ilosiz		NSET AND DEATH
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
19A. DATE OF OPERATION I	198. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJUR' about home, farm, factory, street, o			nore City, give co	xact location)
21D. TIME (Month) (Day) (Year,	WHILE AT N	CCURRED 21F. HOW DI	ID INJURY OCCUR?		
22. I hereby certify that I at deceased alive on 3 2 2 2 23A. SIGNATURE			52, to 3 28 n., from the causes	and on the da	te stated above
24A. BURIAL CREMA- TION, REMOVAL Specify)	43 24c. NAME OF	EMETERY OF CREMATOR	24b. LOCATION ((City, town, or cou	unty) (State)
LOCAL REGISTRAR	'S SIGNATURE	25 FUNERAL DI	Du C	ADD	RESS
VS 150	97	038/130	E. FON	Hus.	

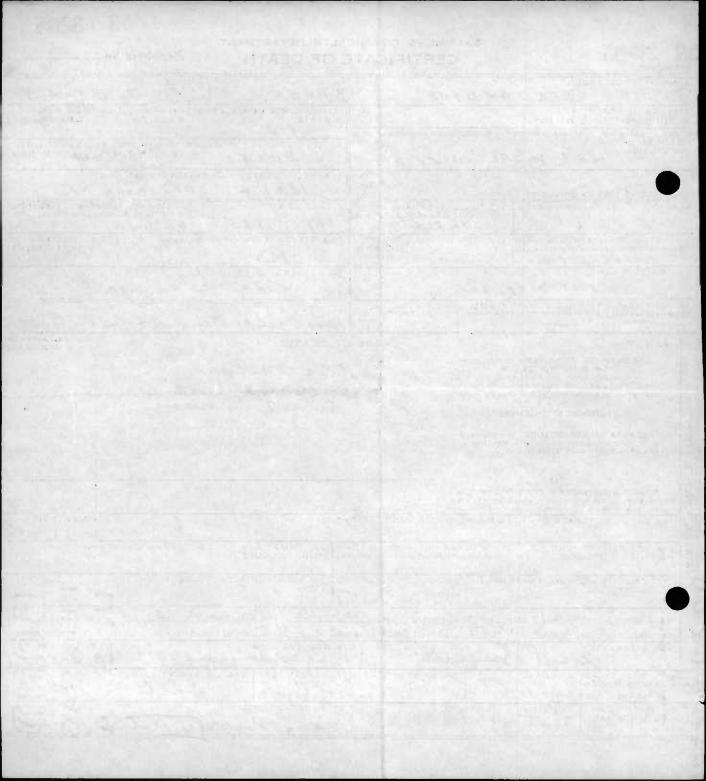


BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered	No	
Registered	No.	

DIKIN NO.						
1. NAME OF DECEA (Type or Print)	BERN	ARDI	NE J.	BAUER	OF DEATH	30-53
3. PLACE OF DEATH A. Baltimore City,	Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FULL NAME OF	(If not in hospi	tal or institution	on, give street address or	71.3.		
HOSPITAL OR	27 W.Z	BALTIM	location)	BALTO.	f outside corporate limit	s, write RURAL and give township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Leigth of stay	in Baltimore		Mos. Days	1827 W.	BALTIMOR	257.
5. SEX 6. C	OLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under I Year H Under 24 Hours
F	W	5/1	167E	MAY 17, 1885	69	onths Days Hours Min.
10A. USUAL OCCUP.	ATION (Give kind of	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
ork done during most of work			INDUSTRY	MA	JIG 27 - WINGS	WHAT COUNTRY?
13. FATHER'S NAME		1 /5	ne	· •		
				14. MOTHER'S MAIDEN N		
	HEODOR			ANNA	M. KRAME.	~
15. WAS DECEASED EV Yes, no or nnknown) (I	ER IN U.S. ARME yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
			OZGOWITI NO.	mis agresm 6	Facer 18 27 1	w. Balts. St.
(This does not heart failure, as injury or com ANT DISEASES OR RISE TO THE A	R CONDITION ADING TO DEA mean the mode thenia, etc. It me plication which ECEDENT CAU CONDITIONS, BOVE CAUSE (A)	ATH of dying, e. g ans the disease caused death. SES IF ANY, GIVIN) STATING TH	DUE TO Hy	of DEATH diac Failse pertensine (Remal D		INTERVAL BETWEEN ONSET AND DEATH
	II IFICANT COND THE DEATH, BUT					
	SE OR CONDITIO					
19A. DATE OF O	PERATION	198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
<						YES NO
21A, ACCIDENT, HOMICIDE (S	SUICIDE, pecify)		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		If in Baltimore City,	give exact location)
21D. TIME (Mon	th) (Day) (Year	(Hour)	VHILE AT WORK NOT WHILE AT WORK		Y OCCUR?	
22 7 1 200		4 7 - 7 47		w 12 1952 to h	en of 30 105	I, that I last saw the
22. I hereby ee	on hand 3	o 1053		rred at 8.45 m., from	the enuses and on t	e, inui 1 iusi suw ine he date stated above
23A. SIGNATURI		, 10, (3B. ADDRESS	no cando tena on t	23c. DATE SIGNED
Con Signatura	What &	Joseph	eth M.D.	1729 W Lomb	and co	3/3//5-3
24A. BURIAL, CREM TION, REMOVAL (Specification)	A- 248. DATE y) 4-1-	-53	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	Ballo	or county) (State)
DATE RECEIVED BY		SIGNATU	Reliaus My	25. FUNERAL DIRECTOR	In Cata	ADDRESS MAD
VS 150	<u> </u>	9		Jan gen on	mig was	eury, 1-7:



BALTIMORE CITY HEALTH DEPARTMENT 53 3206 Registered No. CERTIFICATE OF DEATH

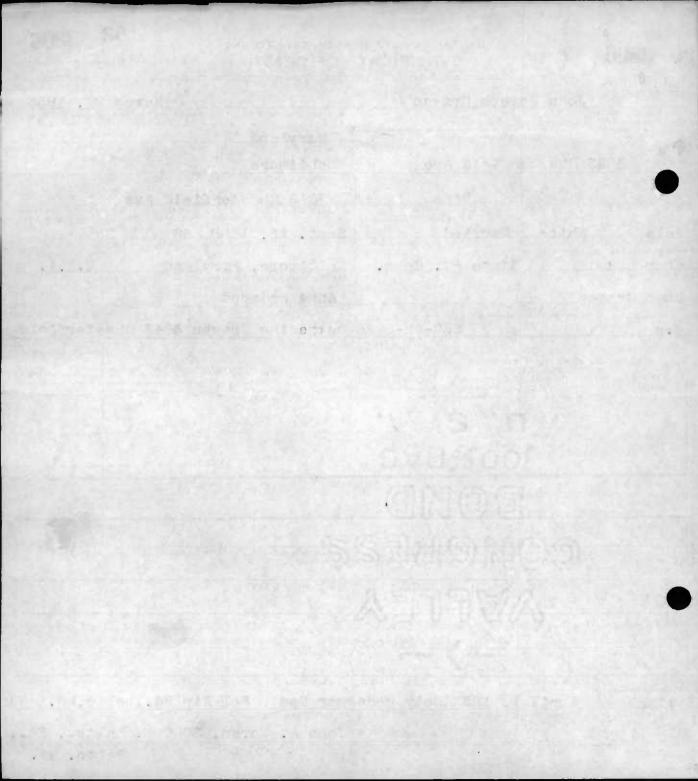
53 3206

BIRTH NO.	- OI DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) John Joseph Craven	DEATH March 29, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	Maryland
INSTITUTION	C. CITY OR TOWN (If outside comporate limits, write BURAL and give township)
3043 Chesterfield Ave	Bal timore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Days	3043 Chesterfield Ave
5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours last birthday) Months; Days Hours Min.
Male White Married	Sept. 25, 1890 62
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BTRTHPLACE (State or foreign country) 12. CITIZEN OF
Labor State Rd. Comm.	Baltimore Marvland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hugh Craven	#nne Redmond
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 220-03-2226	Catherine Craven 5043 Chesterfield
	OF DEATH INTERVAL BETWEEN
Jar A	ONSET AND DEATH
LEADING TO DEATH	BRAL VASCULAR ACCIDENT 2 days
heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY?
	YES NO
2 21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., of	to.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK L AT WORK L	20 50 2/00/ 23
22. I hereby certify that I attended the deceased from 3/	28 , 1953, to 3/29 , 190, that I last saw the
deceased alive on 3/29, 1933, and that death occur	
Daniel (Mrs. al.	3B. ADDRESS 23C. DATE SIGNED
M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	
Burial April 1, 1953 Holy Rede	
OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
MAR 3 1 1050 lundery V results to	John A. Moran, 3000 E. Balton St.

VS 150

97 92 Heterus

Balto. Md.

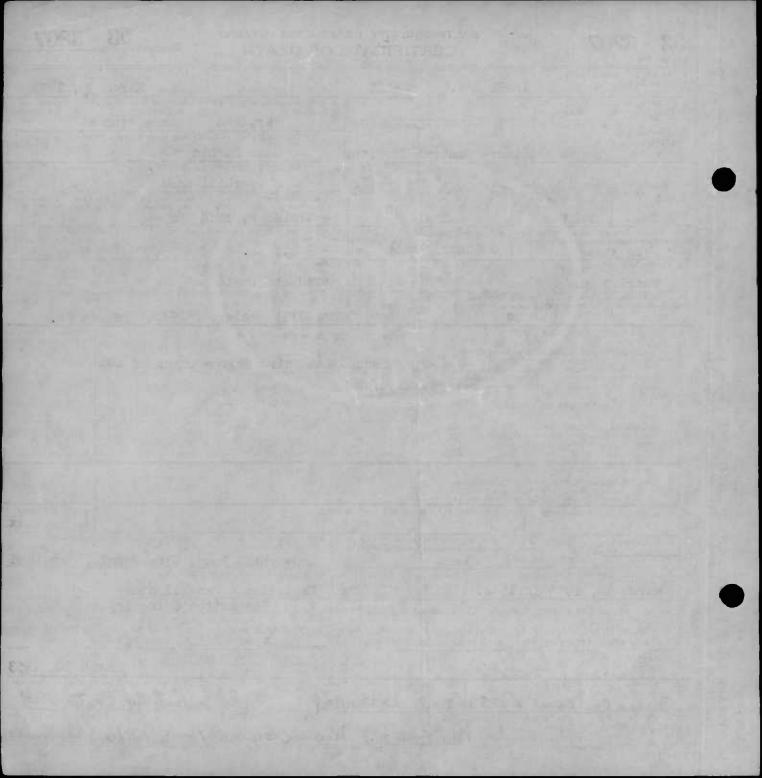


4-400

1	53 32	07	ВА			ALTH DEPARTMENT	Registered No	3207
	IRTH NO.	Y 1		CERT	IFICATE	E OF DEATH	registered NO.	
	NAME OF D Type or Print)		MES I	с. Н	EALEY		2. DATE OF DEATH March	30, 1953
	PLACE OF DE Baltimore C	EATH: City, Maryland				4. USUAL RESIDENCE (Wh	ere deccased lived. If inst B. COUNTY	itution: residence before admission)
B. H	FULL NAME OSPITAL OR ISTITUTION		al or institu	tion, give st	reet address or location)	Maryland c. CITY OR TOWN (If or	Anne Arund	rite RURAL and give
		South Baltin	more G	eneral	Hospital	Glen Burni	Le	township)
17					Yrs. Mos.	D. STREET ADDRESS (If ru		0.0
100		tay in Baltimore			Days	4 Overhill		
5.	SEX	6. COLOR OR RACE			RCED (Specify)		last birthday) Months	1 Vaar ft Under 24 Hours Days Hours Min.
10	Male	White CUPATION (Givekinder)	100 (61)	Single		September 8, 1881	1 68	
	k done during most o	(working life, even if retired)	en e	o of Busi pard Pr	INDUSTRY		eigh country) 12.	WHAT COUNTRY?
13	male n		orieb!			Balto., Md.	ME	USA
		k Healey		14	1055.	Bridget Kimmit		
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOC		17. INFORMANT	ADDF	RESS
(Ye	s, no or unknown)	(If yes, give war or dates		SECI	URITY NO.	Margaret Healey,		
	18. E91				CAUSE	OF DEATH	The state of the s	INTERVAL BETWEEN
	1	E OR CONDITION	DIRECTLY	,	07.001	O. DERTH		ONSET AND DEATH
		LEADING TO DEAT	TH		Secon	d and third degree	burns of 40%	ALCOHOLD !
	heart failu	re, asthenia, etc. It mea	ns the disea	80	xx of bo	***************************************		
		ANTECEDENT CAUS						
7)			
Ö	RISE TO T	OR CONDITIONS, II	STATING T		то			1000
RTIFICATION	UNDERLY	'ING CONDITION LA	IST.	(C)			
FIG		11						
T.		IGNIFICANT CONDI						
CEF	TO THE D	SEASE OR CONDITION	CAUSING	IT	C OF CORE	ATION		L 20 AUTOROVA
CAL	19A. DATE O	F OPERATION 1			S OF OPER		to Division Av	20. AUTOPSY?
DIC/	UNDERLYING	AL CAUSE WAS	21s. PL	ACE OF IN	JURY (e.g., in treet, office bldg., e	(c.) INJURY OCCUR?	in Baltimore City, give	5200
MEL		AUSE OF DEATH.		lome	DV OCCUPAT	4 Overhill Roa	d, Glen Burnie	e, Maryland
2	OF INJURY	Month) (Day) (Year)			NOT WHILE			
	March 30, 1953 12:15 A.m. WHILE AT AT WORK X Explosion of an oil stove 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from							
-						Autopsy, In	spection or Inquiry	
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abov and death in my opinion resulted from: natural causes \(\sum_{\text{, accident}} \) \(\mathbb{D} \), suicide \(\sum_{\text{, homicide}} \) undetermined \(\sum_{\text{.}} \).							etermined .
	23A, SIGNAT	Pia Morri	M		м.	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATO	XAMINER X Mar	ch 30, 1953
2. TI	4A. BURIAL, C	REMA- 248. DATE	0	24c. NAME	E OF CEMETER	RY OR CREMATORY 24D. LOG	CATION (City, town, or e	county) (State)
-	Burns	e april 1	1953	New	Cathe		rederich Kd. Bo	illo mol
	ATE RECEIVED		1- 11	VILLAN	A- M.V	Kause Simuel.		S Charles Its
1235	MIN' IN	132	E. A	THE REAL PROPERTY.	773 6	The state of the s		

RECEIVED BY VS 151 49.2

25887

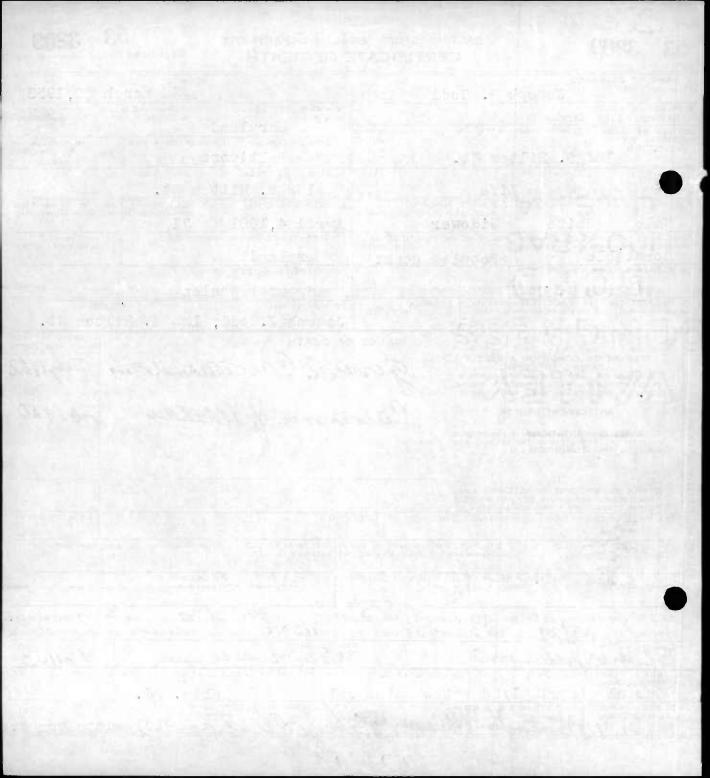


- 160 CERTIFICATE AMENDED 5/5/66

BII	VJ 1688	16	BAI	24	E OF DEATH	Registered 1	3 3200 No
1. (T)	NAME OF Dope or Print)		est Sch	aeffer (Erne	est F.Schaefe	er) 2. DATE OF Mare	ch 29, 1953
A.	PLACE OF D Baltimore (FULL NAME	City, Maryland	el or institut	ion, give street address or	A. STATE	E (Where deceased lived, If B. COUNTY	institution: residence before admission)
HC	SPITAL OR STITUTION	Baltimore 4940 Easte	City Ho	spitals location)	c. CITY OR TOWN Baltimore	(If outside corporate limit	ts, write RURAL and give township
(Length of s	tay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS 5014 Pilgrim	(If rural, give location)	
5. M	ale	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	B. DATE OF BIRTH June 18, 1912	9. AGE (In years Modern birthday)	If Under 1 Year on the Days Hours Min.
10. work	done during most of NOn	CUPATION (Give kind of if working life, even if retired)		of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	Theo	dore P. Sc	hæefer		14. MOTHER'S MAIDE. Nettie	N NAME	
15. (Yes	WAS DECEASE, no or unknown)	D EVER IN U, S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4940	Eastern Ave.	DDRESS (records)
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which of the complication complication is the complication of the complication of the complication is the complication of the	TH of dying, e. g. ins the diseas caused death SES F ANY, GIVIN STATING TH	Statu	nal Pneumonia s Epilepticus		ONSET AND DEATH
CER	TRIBUTING	IGNIFICANT CONDITION BUT SEASE OR CONDITION	NOT RELATE	D	PATION		20. AUTOPSY?
EDICAL	21a. ACCID	ENT WAS UNDER-	218. PL/	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City,	YES X NO
MEL	21b. TIME (Month) (Day) (Year) (Hour) Printing 21c. Injury occurred 21f. How DID Injury occur? 22f. How DID Injury occur? 22f. How DID Injury occurred 22f. How DID Injury occurred						
24	N) REMOVAL (S	N //	10-110	M. D. 24c. NAME OF CEMETE Meadau	RY OR CREMATORY 24	D. LOCATION (City, town	
DA LO	TE RECEIVED CAL REGIST AR 3 1 10	BY REGISTRAR	S SIGNATU	Melliques M	Farry W. Will	b/ce, 41016	ADDRESS amsudsex

1 Marriage record of Ernest F. Scholer & None C. Albiha - 2/10/43 at Toward, Ma. Issued By Clerk of Great Court of Bolto. Country 2/10/43 # 15027 Offident from wife Nona (. I charge that she was manied to deceled any motel time of his death - me durine proceeding were every instituted by her or husband during his lifetime.

-	-3	00				<i></i>	
,,,,	53 3209 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No						
	NAME OF pype or Print)		n R. C	odd		2. DATE OF DEATH March	30,1953
A.		DEATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If inst B. COUNTY	
HC	SPITAL OR STITUTION			on, give street address or location)	Maryland c. CITY OR TOWN (If a Baltimor	outside corporate limits, w	rite RURAL and give
c.	Ogth of	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If r		
5.	sex Male	6.COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH April 4.1881		1 Year II Under 24 Hours Days Hours Min.
work	Const			of Business or INDUSTRY Les Court	11. BIRTHPLACE (State or for Idaryland		CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME liam T. Codo			Margaret Wha		
15 (Yes	. WAS DECEAS	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Joseph J. Codd.	ADDI	
CERTIFICATION	(This do heart fai. injury of DISEAS) RISE TO UNDER!	ASE OR CONDITION LEADING TO DEA: es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONDING TO THE DEATH, BUT DISEASE OR CONDITION	FH f dying, e. g f dying, e. g sthe diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) COLLEGE DUE TO	enal Calcil	Mondo	July 1950
				FINDINGS OF OPER			20. AUTOPSY?
MEDICA							
2	E SIGN	h w Jelle	Cross	and that death occur M. D. 2 AC, NAME OF CEMETE	38. ADDRESS	he causes and on the causes are caused and on the causes and on the causes and on the causes and on the causes are caused and on the causes and on the causes and on the causes are caused and on the causes and on the causes are caused and on the cause are caused and on the caused and on the caused are caused and on the caused and on the caused are	3c. DATE SIGNED
	Burial,	al April	L/53	New Cathedi	ral Ba	lto. Md.	
	ATE RECEIV		ator /	Atliams, M.	Harry H. Weis	-/	mondson Av
	VS 150			771	93		



BALTIMORE CITY HEALTH DEPARTMENT Registered No 3210 CERTIFICATE OF DEATH BIRTH NO The NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM WELLS March 29, 1953 DEATH ully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lutheran Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 516 Poplar Grove Street c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year last birthday) | Months: Days | Hours | Min. information should be sof death clearly and l WIDOWED, DIVORCED (Specify) Male White Dec.5.1895 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired; INDUSTRY WHAT COUNTRY? Retired Painter Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Wells Mary Baum 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT (BROTHER) ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO D. Wells. 516 Poplar Grove causes INTERVAL BETWEEN CAUSE OF DEATH item DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Asphyxiation due to hanging (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (8) .. DISEASES OR CONDITIONS, IF ANY, GIVING 0 RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: FICA. OTHER SIGNIFICANT CONDITIONS CON-ERTI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH NO LY, WITH important. MEDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING & OR CONTRIB. 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 516 Poplar Grove Street Home 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT Hanged self from rafters in cellar March 29 especially 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry WRITE re is esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23B. CHIEF MEDICAL EXAMINER. 23A. SIGNATURE 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 248, DATE correct 2/53 Burial April Loudon Park Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL D RECTOR ADDRESS LOCAL REGISTRAR 4101 Edmondson V S 151

BINDING

FOR

RESERVED

MARGIN

-600

CERTIFICATE CORRECTED 4-7-53

53	3211

57	77711
Uch	O.C. Jul
BIRTH NO.	

CERTIFICATE CERTIFICATE	E OF DEATH Registered No.
. NAME OF DECEASED	2. DATE
Type or Print) Rebecca Mantz Lowr;	y OF March 29/53
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STAJE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	Md.
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
618 Wildwood Parkway	Baltimore /6-08 Township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore. Days	618 Wildwood Parkway
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In year li Under 1 Year li Under 24 House Months; Days Hours Min.
Female White Widower Widow	March 24,1869 84
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
H. W. Own Home	Maryland
3. FATHER'S NAME Samuel W. Wyvill	14. MOTHER'S MAIDEN NAME
Unknown	Unknown Henrietta Miller
(5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRESS
	Mr William Spicer, 618 Wildwood Pkwy
18. 15 3 X CAUSE (OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	bol kenowher
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	The house
ANTECEDENT CAUSES	Hero Meteroses
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
la Va	asend colon
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in ebout home, farm, factory, street, office bidg., e	
21p, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT THE NOT WHILE TO	TIP THOW DID INSORT OCCORY
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	9 49 19 , to 3/29 , 19 S that I last saw th
deceased alive on 3/29, 19 3, and that death occur	
HI Ale VI	39 ADDRESS 23C DAYE SIGNED
M. D. 24A. BURIAE, CREMA- 24B. DATE // 24C. NAME OF CEMETE!	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
ION, REMOVAL (Specify)	
Burial April 1/58 Loudon Park	Balto. Md.
LOCAL REGISTRAR	from A Mustice 4101 Edmondson Ave
THE PARTY OF THE P	TODA N. CULTURE - TOT HUMOMOSUN AVE

ative errors when		The Pine of		
	,			
				•
Lave median to find the				
			Marie .	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3212 Registered No.

1. (T	NAME OF D ype or Print)		riet	to TOONE	S	2. DATE OF MOME	428,1953	
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE (V		titution residence before admission)	
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	ion, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give	
IN	STITUTION	109 N. 13	nu c	e 5%	Balto.	17-0	township)	
				Yrs. Mos.	LADI DIA	rural, give location)		
5.	sex	tay in Baltimore	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years Und	for 1 Year If Under 24 Hours	
Z	Micel 8	Col.	3//W	ED, DIVORCED (Specify)	July 7, 1884	last binthday) Month	Days Hours Min.	
10 work	A. USUAL OC	CUPATION (Give klod of of working life ereo if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country) 12	WHAT COUNTRY?	
	FATHER'S	OVIITA			14. MOTHER'S MAIDEN N	Id.	u.s.a.	
	18001	2h Jan	100		Many E	فر الله		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	/ ADD	RESS	
(10	110			SECORITI NO.	Debres All	CN 326	N. Bilmons	
	18. 44	2 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN	
		SE OR CONDITION LEADING TO DEAT not mean the mode of	ГН	$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}$	lmir.		3 week	
	heart failt	re, asthenia, etc. It mea	ns the disease	e,				
		ANTECEDENT CAUS	ES	M	+ 1			
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	pulmour Co	heter-		
ATION	UNDERLY	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E OUE TO	Soula Rend	1 Diseane		
FIC				(6)				
RTIF		SIGNIFICANT CONDI						
CE	TO THE C	SEASE OR CONDITION	CAUSING I	т		•••••••••••		
AL	19A. DATE (OF OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO	
IEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, give	e exact location)	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	` .	21E. INJURY OCCURR		Y OCCUR?		
			m.	WHILE AT NOT WHILE AT WORK		1		
		by certify that I at	4		29, 19 10		that I last saw the	
	deeeascd a		, 19.5.	and that death occur	23B. ADDRESS	He eauses and on the	date stated above. 23c. DATE SIGNED	
		Kalphi	Nev.	Mrs. Mo.	42011	Jihma 1	3/2070	
Que	AA. BURIAL.	Specify)	253	24c. NAME OF CEMETE	Clan Jun.	CATION City, town, or	(State)	
	ATE RECEIVE		S SIGNATU	IR√E/	25. FUNERAL DIRECTOR	X	DDRESS 3221	
_	MAK I Williams Echrocker St.							

-4	10
53	3213
UCI	S. F. Say alla
BIRTH	NO.

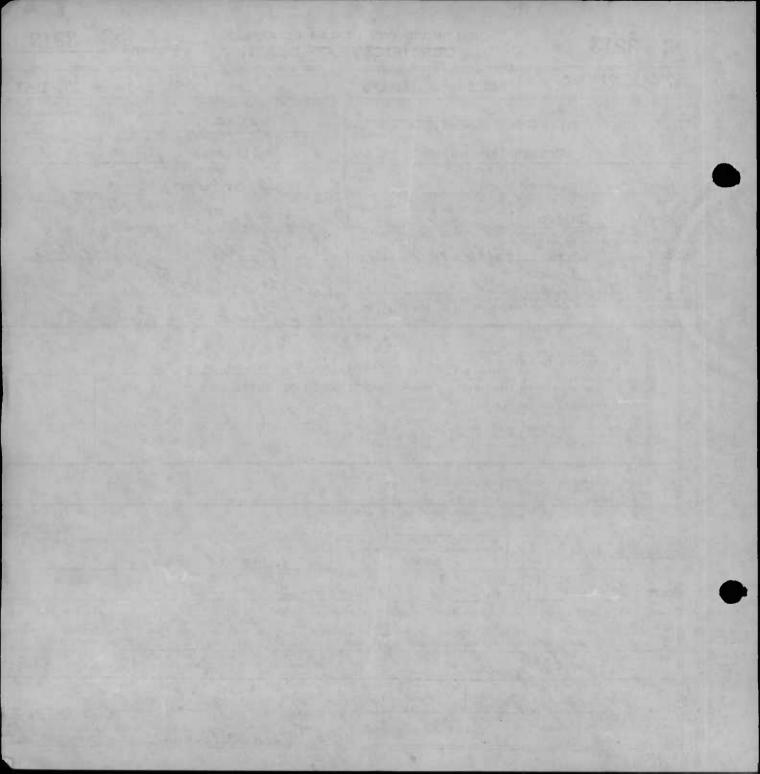
BALTIMORE CITY HEALTH DEPARTMENT

50	2010
gistered No	3213
gistered No	

	IRTH NO.	20	•	CERTIFICAT	E OF DEATH	Regist	ered No	
1	NAME OF D Type or Print)	DECEASED	PAULINE	RAWLES		2. DATE OF DEATH	March	27, 1953
	. PLACE OF D. Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased li B. COUN		ion : residence before admission)
	FULL NAME	OF (If not in hospi	tal or institution	on, give street address or location)				VI LETA A F
	NSTITUTION	Univer	sity Hos	,	Baltimor		2 miles, write	RIMAL and give township)
-				Yrs. Mos.	D. STREET ADDRESS (If I	ural, give locat	tion)	
100000		stay in Baltimore		Days	423 E. F			
5	Female	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH May 5 /926	9. AGE (In ye	ears fl Under Y ay) Months D	ays Hours Min.
140	k done during most	CUPATION (Give kind of working life, even if retired	10B. KIND	INDUSTRY	II. BHTHBLACE (State or for	reign country)		TIZEN OF
1	MACHEN'S	NAME /	Vivolor	Hell Co-	14. MOTHER'S MAIDEN NA	ME O	1	S. a.
	Nov	ert Kan	vles		Ellen S	coll	6	
(Y	5. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Ellen Rawles	423 6	ADDRES	elst.
	18. E9	Ø1X.		CAUSE	OF DEATH			TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY							TO DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					ith		
	injury or complication which caused death.)				ration of aorta			
H		ANTECEDENT CAU	SES					
Z	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	G		*********************		••••••••••••••••••••••••••••••••••••
TION	UNDERL	THE ABOVE CAUSE (A	AST.	E DUE TO				
2				(6)				***************************************
ERTIFICA	TRIBUTIN	SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
L				FINDINGS OF OPER	ATION			O. AUTOPSY?
DICA	UNDERLYIN	NAL CAUSE WAS	about home, fa	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	to.) INJURY OCCUR?	in Baltimore	City, give ext	act location)
1Er		(Month) (Day) Wash		house	740 W. Fayette	Street		
_	of injury	(Month) (Day) (Year	E D' W	1E. INJURY OCCURR		OCCURI		
	Partoner						1100	reon and from
	the ev	idence obtained by	said Autor	osy, Inspection or l	Autopsy, I Inquiry, find that said de s [], accident [], suicide	nspection or Inceased died	nquiry on the day	stated above,
	23A. SIGNA	TURE	she	м	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER	23c. DAT	
	4A. BURIAL, ON, REMOVAL (S	CREMA- 14B DATE	758 2	AC. NAME OF CEMETE	RY OR CREMATORY 200. LO	CATION (City	11/2	
	ATE RECEIVE	D BY BEGISTRAR	'S SIGNATU	KE .	25. FUNERAL DIRECTOR	(J. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	ADDE	RESS 3221

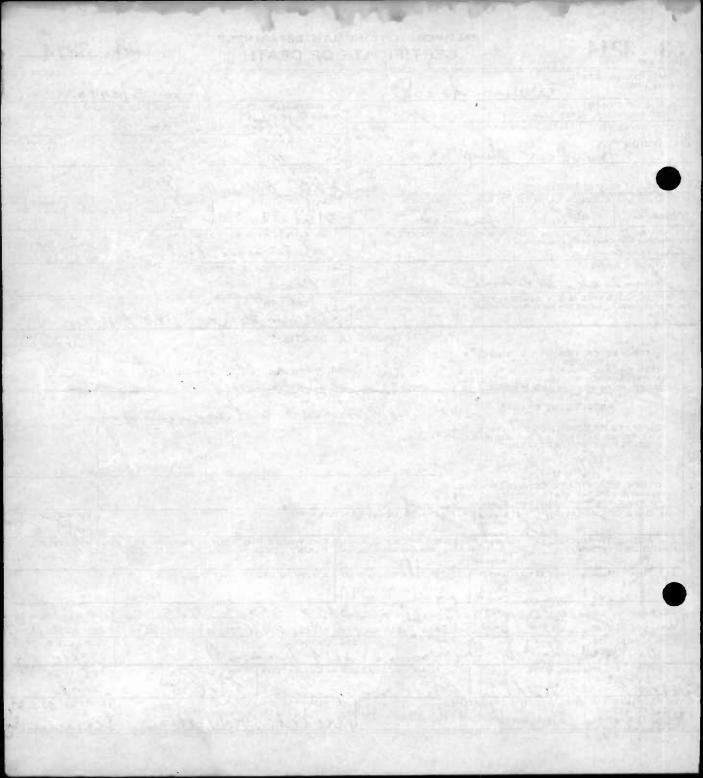
V S 151

Mrs Katu R. Williams Schrose St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 3214

В	IRTH NO.						
1. (T	NAME OF D.			1 0		2. DATE	1
_			12m 3	491104		DEATH 3	29153
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. I B. COUNTY	f institution : residence before admission)
H	FULL NAME	OF (If not in hospit	ai or instituti	ion, give street address or location)	S SITY OF TOWN	Autaida aornanata lini	ita maita DIIDAY I .
11	STITUTION -	DO	1/ -		C. CITY OR TOWN	outside corporate im	its, write RURAL and give township)
1	<u> </u>	roundent	MOSPI	101	walls		-05
c.	Seth of st	tay in Baltimore		Yrs. Mos. Days	STREET ADDRESS OF	rural, give location	
5.	SEX	6. COLOR OF RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	At Under 1 Year It Under 24 Hours
	Male	ed.	Tua	ED, DIYORCED (Specify)	5/6/1876	last birthday) M	Ionths Days Hours Min.
l C	A. USUAL OC	CUPATION (Give kied of f worklog life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
		mad-	AV-PARIN	INDUSTRY	Baltimare	. That	WHAT COUNTRY?
_	FATHER'S N				14. MOTHER'S MAIDEN N		100.00.
	1	- O alua	0		1. 3	23171 km	
	John	nee son	mac		mary !		
Ye	u. no or upkoowo)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			02001177 110.	Florence Harr	and RYX b	for Your Ren.
i	18. 148	V		CALICE	OF DEATH		INTERVAL BETWEEN
	170	V 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	LEADING TO DEA	DIRECTLY	//	/	1 4	- 2
	(This does	not mean the mode of	of dving, e. s	in (A) MU	mama of	Moal	
	injury or	re, asthenia, etc. It mes complication which	ins the disease caused death	e, .) DUE TO	7		
				.11	1110		
,	at the same	ANTECEDENT CAUS	SES	11/1/19	Vestoric (a	201-1-1	
5	DISEASES	S OR CONDITIONS,	F ANY, GIVIN	(B)		Lann	
	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
)	UNDERLI	ING CONDITION LA	AST.				
		THE STATE		(C)			
	OTUED S	II IGNIFICANT COND	TIONS				
1	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
)		ISEASE OR CONDITION					
1	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
)			1				YES NO
5	HOMICIDE	NT, SUICIDE, (Specify)	21B. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	te.) INJURY OCCUR?	If in Baltimore City,	give exact location)
1							
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?							
	OF INJURY		V V	WHILE AT NOT WHILE			
m. WORK AT WORK							
22. I hereby certify that I attended the deceased from 3/24, 1953 to 3/29, 195 3that I last saw t							Sthat I last saw the
	deceased al	ive on 3/29/	.1953	and that death occur	red at 1:35 Am., from t	he causes and on	the date stated above.
23A. SIGNATURE 23B. ADDRESS						23c. DATE SIGNED	
	Dr. S	faction /	a. Je	y aspec M.D.	1514 Durisim	Ø.	3/20/53
D.	4A. BURIAL.	REMA- 24B DATE		44. NAME OF CEMPTE		OCATION City, town	n, or sourty) //(State)
14A. BURIAL, TREMA- 24B DATE 24G. NAME OF CEMPTERY C					1. 1/200 / 1/2	20/100	THE
2	wide	402./1	1031	M. VINNA	muni an	Mo.	01101.
D.	ATE RECEIVED	RAR REGISTRAR	-	REAL MAN	25. FUNERAL DIRECTOR	1400	ADDRESS 322N
	MARRIA	DEG Tunto	meron !	REVIVETIVE AND	Mrs Kat. R.1	selling	Separet a la
-	VS 150	386	â		- Marie Miles	The state of the s	
	V3 130	A					



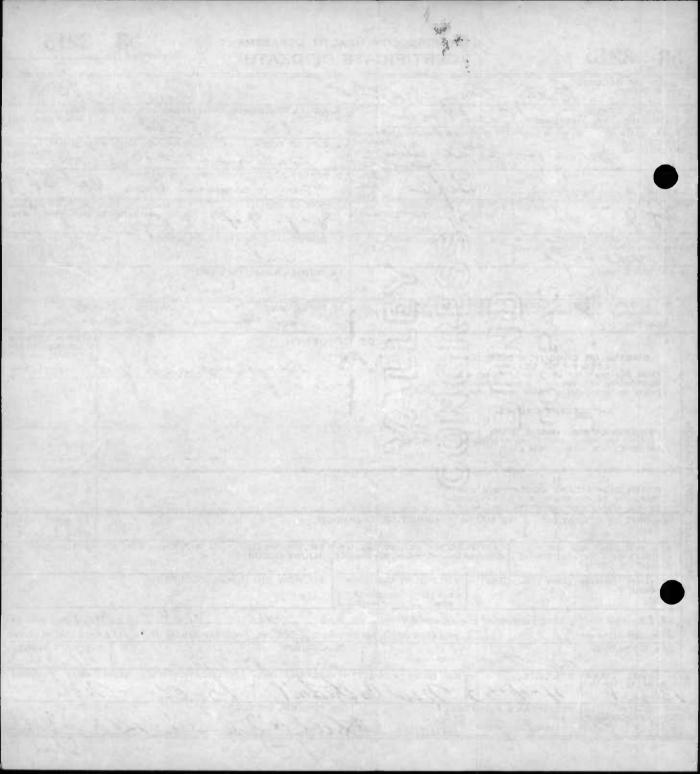
3-320

52 3215

BAETZ
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3215
Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED BRETZ Plugalett	2. DATE OF 3/30/53 DEATH
a. Baltimore City, Maryland Bact, Md	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR NOTITUTION Herry Hospital, Calculation	
c. Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location) 406 Seven Ove Opt B#29
5. SEL 2 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work do of during most of working life, eval if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) DUE TO	To Neyronda Tufurd 2 Why
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 2 deceased alive on 3/30, 1953, and that death occur	130, 1957, to 3/30, 1957 that I last saw the arred at 7:20 m., from the causes and on the date stated above
	238. ADDRESS 23C. DATE, SIGNED
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET TION. REMOVAL (Specify) 4-4-53 Mars Car	ERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Wells
VS 150	IT Sheet.



-200						
T BE AFFROV	E. BY MELICAL		EALTH DEPARTMENT	53	3216	
53th N3216			E OF DEATH	Registered No.	CICILO	
1. NAME OF DECEAS (Type or Print)				2. DATE OF DEATH March 31, 1953		
3. PLACE OF DEATH:	Dowis, Hele	=10	4. USUAL RESIDENCE (V			
		stitution, give street address or location	Maryland			
INSTITUTION	C+ Taganh		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
	St. Joseph	Yrs.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Mos. Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.			Little Sisters of the Poor-1200 Valley			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Female White Widowed			8. DATE OF BIRTH	9. AGE (In years Mind last birthday) Month	er I Year If Under 24 Hours s Days Ifours Min.	
10A. USUAL OCCUPAT work done during most of work in	ION (Givekind of 10B.	KIND OF BUSINESS OR INDUSTRY		oreign country) 12	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Jan 1		Maryland 14. MOTHER'S MAIDEN N	AME		
an	W.				-	
15. WAS DECEASED EVER (Yes, no or unknown) (If y	R IN U.S. ARMED FORCE en, give war or dates of services	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
(This does not m heart failure, asth injury or compli	ING TO DEATH can the mode of dying enia, etc. It means the d cation which caused of CEDENT CAUSES ONDITIONS, IF ANY, OF VE CAUSE (A) STATING CONDITION LAST.	liscase, death.) DUE TO (B)	CERT	IFICATION APPROVE	D BY	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT. COMMINUTED INTO						
19A. DATE OF OPE	RATION 198. MA	JOR FINDINGS OF OPE	RATION		YES NO X	
21A. ACCIDENT WAS UNDER. 21B. PLAGE OF INJURY (e. g., in or LYING OR CONTRIBUTING) 21B. PLAGE OF INJURY (e. g., in or LYING OR CONTRIBUTING) 21B. PLAGE OF INJURY (e. g., in or LYING) 21C. WHERE DID 1NJURY OCCUR?						
21D. TIME (Month)	(Day (Year) (Hour)	21E. INJURY OCCURS WHILE AT NOT WHILE M. WORK AT WORK	17 7, 10 La D	loor 1/200	bally I.	
22. I hereby certify that I attended the deceased from February 28, 1953, that I last saw the deceased alive on March 31, 1953, and that death occurred at 5:10 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
24a. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY	REGISTRAR'S SIGN		25. FUNERAL DIRECTOR		DDRESS	
VS 150	121.0	•				

Mrs. Margaret Mowbray1404 Reisterstow ONSET AND DEATH 20. AUTOPSYT YES (If in Baltimore City, give exact location) Cambridge Arms Apartments Charles & 34th Streets Autopsy, Inspection or Inquiry 23c. DATE SIGNED March 30. 24D. LOCATION (City, town, or county) Druid Hidge Pikesville 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Rita Wiedefeld Biddle St

March 29. 1953

12. CITIZEN OF

ADDRESS

.0.

before admission)

RUKAL and give

WHAT COUNTRY?

township)

rd.

PLEASE correct

Burial

151

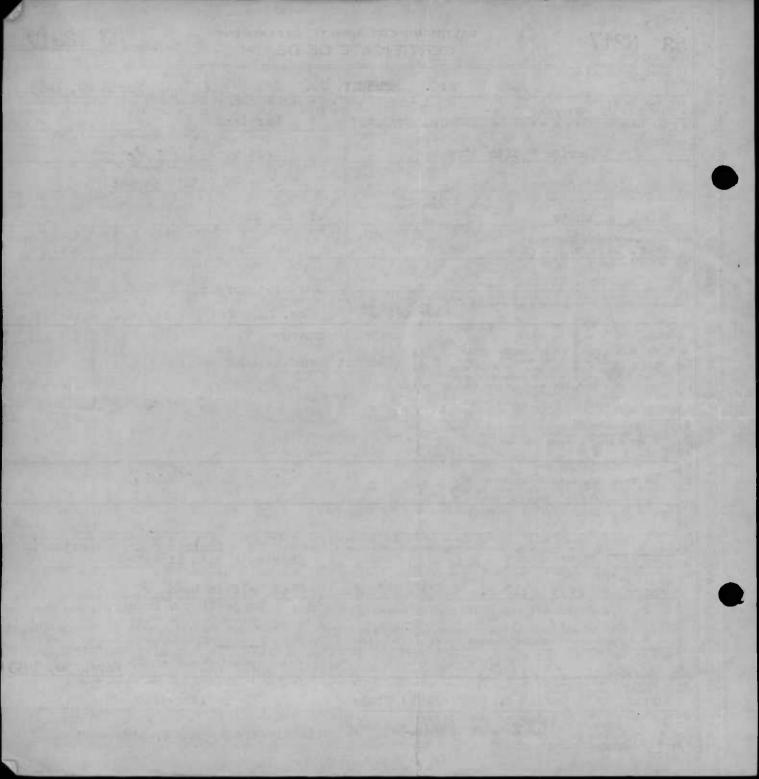
DATE RECEIVED BY

LOCAL REGISTRAR

pril

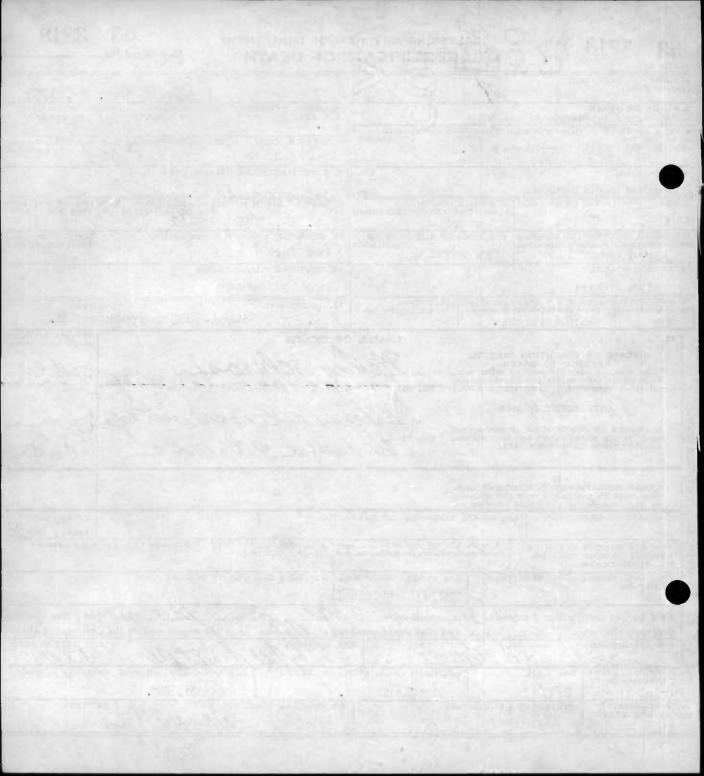
N 803.4

1953



Chan	
53	3218
BIRTH NO.	

53 3 BIRTH NO.	218		CERTIFICATI	E OF DEATH	Registere	d No.	
1. NAME OF (Type or Print)		PATIT, WT	LLIAM ECKERT		2. DATE OF DEATH	Mar. 29, 195	(3
	DEATH: City, Maryland			4. USUAL RESIDEN	ICE (Where deceased lived B. COUNTY		nce
HOSPITAL OR	3315 Dorches		on, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate li	mits, write RURAL an	nd give 'nship)
	stay in Baltimore		Yrs. Mos. Days	3375 Darches	s (If rural, give location)		
ale	6.COLOR OR RACE White	widow	, MARRIED. ED, DIVORCED (Specify) ried	Sept. 30, 189	9. AGE (In years last birthday)	If Under 1 Year If Under 2 Months Days Hours	
retired	CCUPATION (Give kind of t of working life, even if retired) OWNET		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUN	
William				14. MOTHER'S MAIE Dorothy News			
Yes, no or unknown	(If yas, give war or date) World War	of service)	16. SOCIAL SECURITY NO.	Mrs. Paul Ed	kert-3315 Doro	hester Rd.	
DISEASE RISE TO UNDERL	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT	ES F ANY, GIVING STATING TH ST. TIONS CON NOT RELATE!	B) Arte		osis until		<u></u>
	OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPS	SY?
	DENT WAS UNDER- OR CONTRIBUTING		CE OF INJURY (e. g., is rm, factory, etreet, office bldg., e		(If in Baltimore Cit	y, give exact location	
21D. TIME FINJURY 22. I here	(Month) (Day) (Year) by certify that I att	m. w	HILE AT NOT WHILE AT WORK AT WORK deceased from and that death occur	112 ,1953	to 3/30, 19	that I last saw the date stated a 23C. DATE SIG	bove.
Burial	1/1/53	1	Woodlawn Cer		Voodlawn, Md.	wn, or county) (S	state)
DATE RECEIVE LOCAL REGIS		SSIGNATU	REVIEW A	28 FUNERAL DIREC	Tickener V	ADDRESS	
VS 150	V 32		290	82	Bath	17, Md	(.



BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3219 Registered No.

=										
1. (T	NAME OF D		e Ca	soul C	ee.	CAROL LEE HODGE	2. DATE OF DEATH	Mar.	31,	1953
	PLACE OF D Baltimore (City, Maryland				4. USUAL RESIDENCE (W		ved. If inst		residence ore admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street ac	dress or	- CITY OF TOWN				
11	STITUTION	Mercy Ho	Muta			c. CITY OR TOWN (If	outside corporat	e liberte, w	- O	township)
C.	Length of s	tay in Baltimore			Yrs. Mos. Days	100	ural, give locati	n	vd	,
5.	SEX F.	6.COLOR OR RACE	MIDON	E. MARRIED.	(Specify)	8. DATE OF BIRTH Sep. 25 /1946	9. AGE (In yes last birthda	ars If Unde y) Months	l Year Days	If Under 24 Hours Hours Min.
1C worl	A. USUAL OC k doneduring most	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS	OR	11. BIRTHPLACE (State or for	- ,	12.		EN OF
13	FATHER'S	Thurman	Ho	dge		14. MOTHER'S MAIDEN NA	Part .	in the	USA	/
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	6. SOCIAL	, NO	17. INFORMANT		ADDE	EES	/
`	No		01 201 1100)	SECURITY		Mr. Thurman L. H	Hodge Bl	wefie!	ld Y	V. Vs.
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT I not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	TH f dying, e. g. ns the diseas aused death ES F ANY, GIVIN STATING THEST. TIONS CONNOT RELATE	(B)	h ad.	ax - reguist	oneumococo	lui		AND DEATH
٦	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF	OPERA	ATION			20. A	UTOPSY?
EDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY	(e.g., in lice bldg., et	or 21c. WHERE DID (If	in Baltimore	City, glve	exact l	location)
2	21b. TIME	(Month) (Day) (Year)	` '		CCURRE	D 21F. HOW DID INJURY	OCCUR?			
	deceased al	y certify that I att live on 3/3/	ended the	deceased from and that deat	h oceur	red at 200 m., from th	3/3/, e causes and	on the d	late st	
i	23A. SIGNA	10 had	1	/ lances		BB. ADDRESS Puer en	Hos	2	3c. DA	TE SIGNED
2/ TIC	Removal	248. DATE (pecify) 3/31/53	- 1/		EMETER		efield N		ounty)	(State)
D. L.	ATE RECEIVE DCAL REGIST	RAR	Ington	~ William	IA- A	25. FUNERAL DIRECTOR	or Sue B	1	DRESS	5
71	Vs 150	alle	do C	arcana	v					

Information from Fureau of Communicable Disease 4/13/53

2	20
53	3220
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3220
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Emma Jackson	DEATH March - 30 - 1953
a. Baltimore City, Maryland Belto. City	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
1808 Druid Hill Avenue	Baltimore / 9-00
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 60 Yrs. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1808 Druid Hill Avenue
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min.
Female Col. Single	Sept.=28=1884 68
10A. USUAL OCCUPATION (GivekInd of retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Howard Co. Md. 12. CITIZEN OF WHAT COUNTRY:
Domestic Private	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Hollin Jackson	Lenora Green
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No	Edith Hollin 1808 Druid Hill Ave
18. 450.0 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.01 0 10 11
(This does not mean the mode of dying, e.g.,	yeardial ale must
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
Z (8)	ulying artino release.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	eneral delate to 2 must
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e	
CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	1452
22. I hereby certify that I attended the deceased from	190 to 36 , 19 3 that I last saw the
deceased alive on 3.39 and that death occur	
23A. SIGNATURE 2	3B. ADDRESS 23c. DATE SIGNED
M. D.	1-123 cm 2 grow 5-3/33
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER	
Burial 4/1/1953 Mt Arburn Co	em. Baltimore
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Elioy O, Wilson low Branky w
APR ! 1053 Tuntington Williams, My	con o, which is
VS 150	
/200	

THE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P . 4 The same THE PERSON NAMED IN

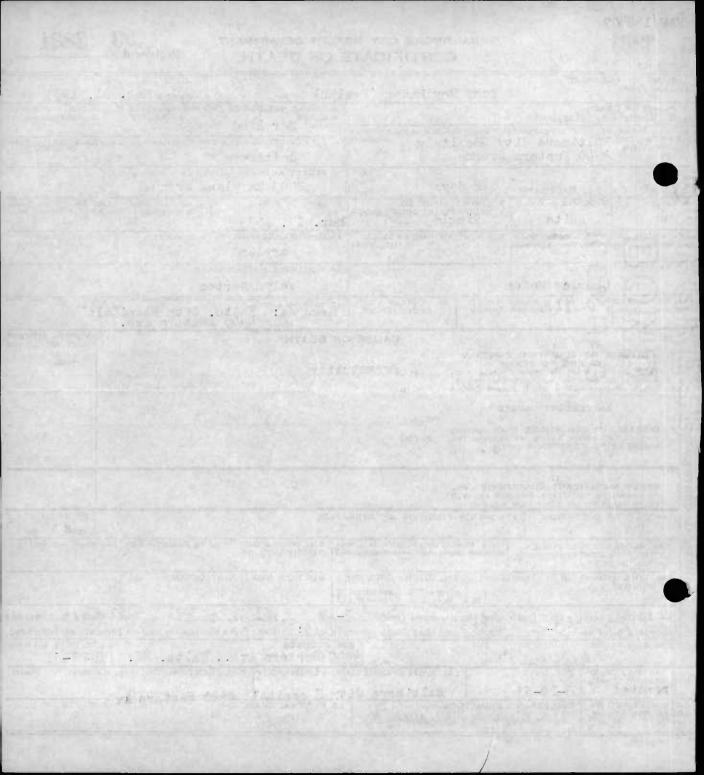
53 3221 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Baby Boy Maden (Evelyn) DEATH Mar. 21, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Maryla nd B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore City Hospitals location c. CITY OR TOWN INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2 days 2003 Maryland Avenue c. Length of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. It Under 24 Hours Whi ta M Mar. 19, 1953 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Maden Evelyn Norton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Balto, City Hospitals 4940 Eastern Ave. 17 INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Prematurity (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL YES. 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK 3-21 , 1953, that I last saw the 153 to_ 22. I hereby certify that I attended the deceased from_ 3-19 1953 and that death occurred at 5:30A m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 4940 Eastern Ave., Balto. Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Cremated 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore City H ospital 4940 Eastern Ave ADDRESS

25. FUNERAL DIRECTOR

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

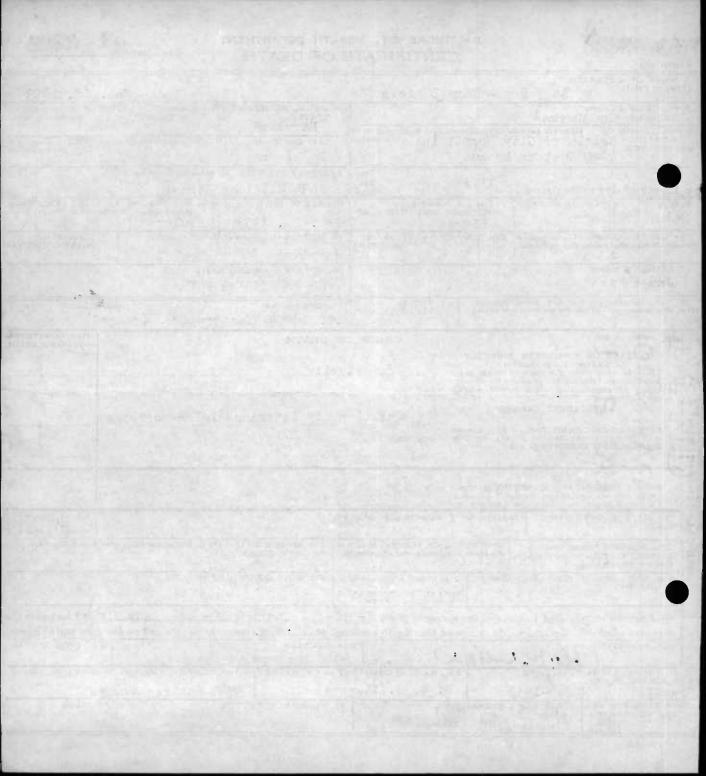
REGISTRAR'S SIGNATURE



	-					. 0	
TTP E	0	100	20	200)		40,
C.A.	5	100	32	1001	61	0	
BIRT	н	NO.	- 6	14	81	1	

BALTIMORE CITY HEALTH DEPARTMENT

		200	TAL	TIMORE CITY HE	ALTH DEPARTME	NT	52	20	200
A.S.	53 38	Sere o	A STATE OF THE REAL PROPERTY.	CERTIFICATI		Register	ed No	30	332
_	RTH NO.	27-8(1		<u> </u>		100000			
	NAME OF Dipe or Print)		y - Mar	y Daniels		2. DATE OF DEATH	Feb.	28.	1953
Α.	PLACE OF DI Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE Maryland		d. If instit	ution:	
B. I		Baltimore Cit 4940 Eastern		ion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate	limits, wri	te RUR	AL and give township)
	Length of si	tay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS		n)		
5.	sex	6. COLOR OR RACE Negro	7. SINGLE WIDOW Sina	E, MARRIED, (Specify)	8. DATE OF BIRTH Feb. 28, 1953	9. AGE (In year last birthday) Newborn	Months		If Under 24 Hours Hours Min.
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)		CITIZE	N OF COUNTRY?
13	James M				14. MOTHER'S MAIDE Mary Margar				
	. WAS DECEASE , no or nnknown)	ED EVER IN U.S. ARMED (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT B.C.H. 4940 Ea	stern Ave. (1	ADDR		
CALICIA	heart failu injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which can an arrangement of the complication of the can are considered by the can be considered by the can are can	f dying, e. g ns the discas aused death SES F ANY, GIVIN STATING TH	e, DUE TO (B) Questi	turity		hage		
ב אם ר	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
AL.	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION			YES	
ובחור	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?								
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK								
	22. I hereb deceased a 23A. SIGNA	live on 2-28-	ended the	deceased from 2- and that death occu	28- , 1953, to rred at 10:45m, fr 238. ADDRESS 4940 Eastern A		on the d	ate st	
TIC	AA. BURIAL. (S	CREMA-124B. PATE Specify) 3-3-195	200	B. C. H. Dis	posal 1	4940 Eastern .	Avenue	9	(State)
L	ATE RECEIVE	DAD A A A	ssignati	Villiams, My	25. FUNERAL DIRECT	Deso	AD So	DRESS	
			18			11			



AB-97790 3223

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3223 Registered No.

BI	RTH NO.		A MILLIAN				
1. NAME OF DECEASED (Type or Print)						2. DATE	
			les 0. 1	Wood.			ch 15-1953
A.	Baltimore (City, Maryland	-1 ! 4/4 - 4!		4. USUAL RESIDENCE () A. STATE Maryland	Where deceased lived, I B. COUNTY	f institution : residence before admission)
HIN	OSPITAL OR	Baltimore Ci	ty Hosp	on, give street address or tals location)		f outside corporate lim	its, write RURAL and give
c.	Length of s	tay in Baltimore	L	Yrs. Mos. Days	D. STREET ADDRESS (If Baltimore City		940 Eastern Ave
5.	SEX M	6. COLOR OR RACE	WIDOW	. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 21-1878	9. AGE (In years last birthday)	If Under 1 Year II Under 24 Hours In Under 24 Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	/
		James H. Wood	•		Mary C. Mo:	The state of the s	1/
(Ye	. WAS DECEAS , no or uokoowo)	ED EVER IN U.S. ARMED (If you, give wer or dated	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Records: Baltime:		
	1B. 491	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					
	(This does	not mean the mode o	f dying, e.g	• (A)	hopneumonia	***************************************	4 days
	injury or	re, asthenia, etc. It mea complication which c	aused death.	DUE TO			
		ANTECEDENT CAUS	ES				the last
z				(B)	***************************************		
읟	RISE TO T	S OR CONDITIONS, IN	STATING TH	G E DUE TO			
4	UNDERLY	YING CONDITION LA	ST.	(C)			
문							***************************************
CERTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
		F OPERATION 1		FINDINGS OF OPER	ATION		20, AUTOPSY?
A		0					YES NO
MEDIC	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., io or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
2	21D. TIME	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
K	INJURY		m, V	HILE AT NOT WHILE			
	22 I hanah	y certify that I att		-	1944 to	3-15-	53, that I last saw the
	deceased a	2 17		uecewood ji om	red at2.15PMm., from t	the causes and on	the date stated above
	23A. SIGNA		-, 10, (3B. ADDRESS		23c. DATE SIGNED
		427	min 1	when 'M.D.	4940 Eastern Ave	.,Baltimore,	Md. 3-25-1953
2.4 TIC	A. BURIAL, (S) N, REMOVAL (S	CREMA- Specify)	2		S MEDICAL SCHOOL MAR	1 0 (0.9	n, or county) (State)
	ATE RECEIVE CAL REGIST		ton W	Marua Mos?	25. FUNERAL DIRECTOR	- Williams	ADDRESS
-							

the direction of the HALL STATE OF THE SAME Male Harris Same any design and the same of a · 1 1/500+

AS-158139 3224

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		AND THE PARTY OF
Registered	No.	

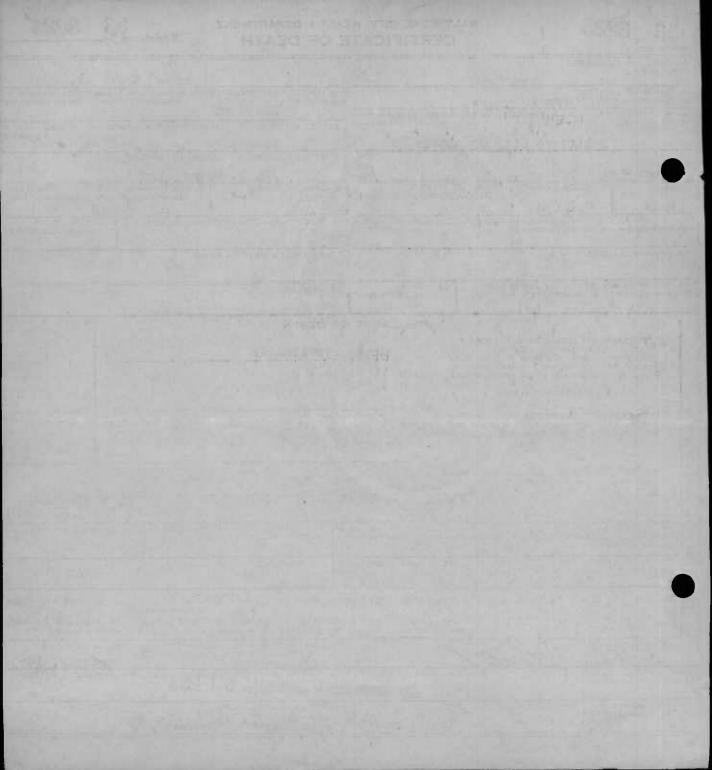
BIRTH NO.						
1. NAME OF DE (Type or Print)	ECEASED	Grant	Lindsay		2. DATE OF DEATH	March 14-1953
3. PLACE OF DE A. Baltimore C B. FULL NAME C	ity, Maryland	al or in that	on, give street address or	4. USUAL RESIDENCE A. STATE Maryland		If institution residence before dmission)
HOSPITAL OR			location)	c. CITY OR TOWN	(If outside corpor te lin	nits, write RURAL and give
INSTITUTION	Baltimore (ity Hos	spitals	Baltimore		township)
	4740 Basue.	TT WAG.	Yrs.	D. STREET ADDRESS	If rural, give location)	
c Length of st	ay in Baltimore	Jio-	Mos.	520 Oxford	st. 3rd	.floor
5. SEX	6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH		
M	N	Sing:	Le (Specify)	?	607	Months Days Hours Min.
10A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of S.C.	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
	Press Cro	oford		Lottie?		
15. WAS DECEASE Yes, ao or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Reco Baltimore City		ADDRESS 40 Eastern Ave.
heart failur injury or DISEASES RISE TO THE UNDERLY OTHER SI TRIBUTING	not mean the mode of the part of	ns the disease aused death. SES FANY, GIVIN STATING TH. ST. TIONS CON NOT RELATE	(B)	ial Infarction		
V	F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
A ISSUEDATE OF	OI ERATION	SB. MAJOR	THIDINGS OF OFER	ATTON		YES NO X
21A. ACCIDI	ENT WAS UNDER- CONTRIBUTING	21B. PLA ebout home, fo	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)
F INJURY	Month) (Day) (Year)		VHILE AT OCCURR NOT WHILE AT WORK	ED 21F. HOW DID INJU	IRY OCCUR?	
22. I hereby	y certify that I att	ended the	deceased from 4-8	1952, to	3-14 19	53 that I last saw the
	ive on 3-14-					the date stated above.
23A. SIGNAT	URE the John Ste	bu .	2	38. ADDRESS 1940 Eastern Ave		23c. DATE SIGNED
24A. BURIAL. C TION, REMOVAL (SI	REMA- pecify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D	AR 3 0 1953	wn, or county) (State)
DATE RECEIVED LOCAL REGISTS		s signatu	chiaus M.P.	25. FUNERAL DIRECTO	R	ADDRESS
VC 1FO	Control of the Contro	1				

or expenditure of the second : 1 PROVINCE IN A PROBLEM OF THE PROPERTY OF THE PARTY OF THE THE RESERVE THE PARTY OF THE PARTY.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

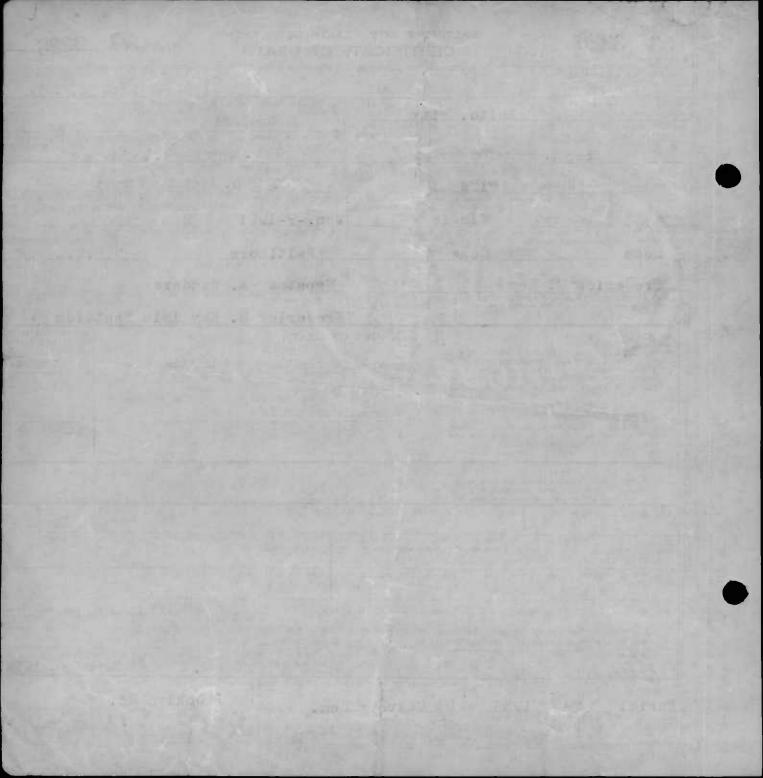
Registered No. 3225

В	IRTH NO.						
	NAME OF D Type or Print)		ARLES	WILSON	V	2. DATE OF DEATH MAY	ch 11, 1953
Α.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF ''f not in hospit	al or institut	ion, give street address or location)	Maryland		ts, write RURAL and give
	NSTITUTION	Baltimore Ci	ty Hosp	oitals	Baltimo:	re 22	- 0 2 township)
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
5	hgth of s	tay in Baltimore	7 SINCL	Days	209 W. 1	Dover Street	If Under 1 Year If Under 24 Hours
	Male	Colored	MIDON	E. MARRIED. (ED, DIVORCED (Specify)	U	9. AGE (In years last birthday) M	onths Days Hours Min.
wor	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10s. KIND	MDF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13	B. FATHER'S	NAME		N	14. MOTHER'S MAIDEN	NAME	
				0	W		
15 (Ye	5. WAS DECEAS: s, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT N		ADDRESS
ERTIFICATION	(This doe: heart failt injury or DISEASE RISZ TO 1 UNDERL'	SE OR CONDITION LEADING TO DEA a not mean the mode are, asthenia, etc. It mea complication which ANTECEDENT CAU: SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L BIGNIFICANT COND TO THE DEATH, BUT THESEASE OR CONDITION	TH of dying, e.; uns the disease caused death SES F ANY, GIVIT STATING TI AST. ITIONS COL NOT RELATI	R., (A) Acute se, (B)	of DEATH myocarditis		INTERVAL BETWEEN ONSET AND DEATH
U				FINDINGS OF OPER	ATION ,		20. AUTOPSY?
MEDICAL	CAUSE OF		(Hour)	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	itc.) INJURY OCCUR?	(If in Baltimore City,	yes X No give exact location)
			m.	WHILE AT NOT WHILE			
2	the gvi	idence obtained by ath in my opinion	said Autoresulted f	rom: natural eauses	Autopsy, nquiry, find that said of ∑, accident □, suicide 23s. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	, Inspection or Inquiry deceased died on the community of	undetermined . Bc. DATE SIGNED March 12, 1953
TI	ON, REMOVAL (S	pecify		JUHI: HUMINS	MEDICAL SCHOOL MAK 3	1953 (City, town	
L	ATE RECEIVE DCAL REGIST	RAR	S SIGNATU	Whati Lee 14	25. FUNERAL DIRECTOR	Villiaus- MJ	ADDRESS
VS	151		1		- O		1



	di,
2	leg
be	pu
pla	31
100	rly
202	ea
ior	1 C
lat	atl
rn	de
nfe	of
٠	es
u c	ans
ten	C
y	the
rer	te
白	WE
أرا	9
Z	eas
T	ald
Z	18
	iai
FA	/Sic
Z	Phy
H	
E	nt.
×	rta
Y,	1po
片	in
j	lly
L	cia
1	be
III	ě
VR	18
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be ca	3ge
SE	42
EA	rec
PL	cor

B	53 3	226			EALTH DEPARTMENT E OF DEATH	Registered R	. 3226
1.	NAME OF D	ECEASED	CILARY	DAY		2. DATE OF	20 2050
	PLACE OF D Baltimore	EATH:	CHAEL Balto.	RAY City	4. USUAL RESIDENCE (V	DEATH March Where deceased lived, If in B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	OF 3/C. hospit	al or institutio	n, give street address or location)		f outside corporate limits,	
	STITUTION	-1316 N. Ben	talou St	reet	Baltimor	e /5-0	township)
				Yrs. Mos.	D. STREET ADDRESS (If		
-		tay in Baltimore	"ife	Days		Bentalou Stree	
5.	SEX	6. COLOR OR RACE	-	D, DIVORCED (Specify)	8. DATE OF BIRTH		ths Days Hours Min.
10	Male	Colored CUPATION (Give kind of	Sing		Jan9-1951	2	
		of working life, even if retired)		OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	None FATHER'S N	NAME	None		Baltimore	A145	U.S.A
1		rick M. Ray					
15	. WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	Hypatha A. S	anders	DRESS
No.		(If yes, give war or date	s of service)	SECURITY NO.	Frederick M. F		
717		2- 1		CAUSE	OF DEATH	ray 1910 Det	INTERVAL BETWEEN
				OF DEATH		ONSET AND DEATH	
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Chronic capillary bronchitis						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
7	(B) Bronchopneumonia					***************************************	
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					12 11 10	
ATI	UNDERL	YING CONDITION LA	NST.	(C)	***************************************	***************************************	
-1C							
RTIFICATION		SIGNIFICANT CONDI					
ш	TO THE D	ISEASE OR CONDITION	CAUSING IT.				
O	19A. DATE C	OF OPERATION I	9B. MAJOR	FINDINGS OF OPER	RATION		YES X NO
1	214 EYTED	NAL CAUSE WAS	1 218. PLAC	E OF INJURY (e. g., i	n or 2 IC. WHERE DID (If in Baltimore City, gi	
DIC	UNDERLYIN	G OR CONTRIB-	about home, far	m, factory, street, office bldg.,	etc.) INJURY OCCUR?		
M	21D. TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			HILE AT NOT WHILE			
	22. I certi	fu that I took char			above, held av	Autopsy	thereon and from
	Autopsy, Inspection or Inquiry						
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \) undetermined \(\subseteq \).						
	23A. SIGNA		math-		23B. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGAT	EXAMINER [] 230	arch 30, 1953
2	AA. BURIAL,	CREMA- 248. DATE	2.		RY OR CREMATORY 24D. L		r county) (State)
	Burial	4/2/19	53	It Calvery		rooklyn Md.	
	ATE RECEIVE	D BY REGISTRAR	S SIGNATUR		Elion O, Will		address Rup
v	S 151	T COMM MANAY	1	*	0		1



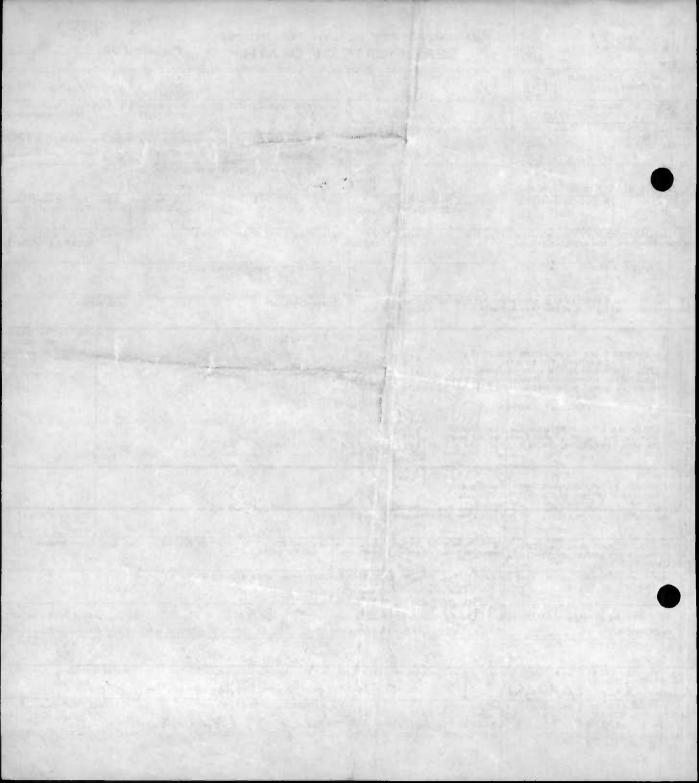
LOCAL REGISTRAR

VS 150

CERTIFICATE OF DEATH

53 3227

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. In the of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, (MARRIED, 5. SEX 9. AGE (In years) H Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT m. WORK AT WORK 22. I hereby certify that I attended the deceased from. 1953that I last saw the , 19 5 3 and that death occurred at 30 deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE STONED 23B. 24A. BURIAL, CREMA-2 C. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) June DATE RECEIVED BY REGISTRAR'S SIGNATURE 25

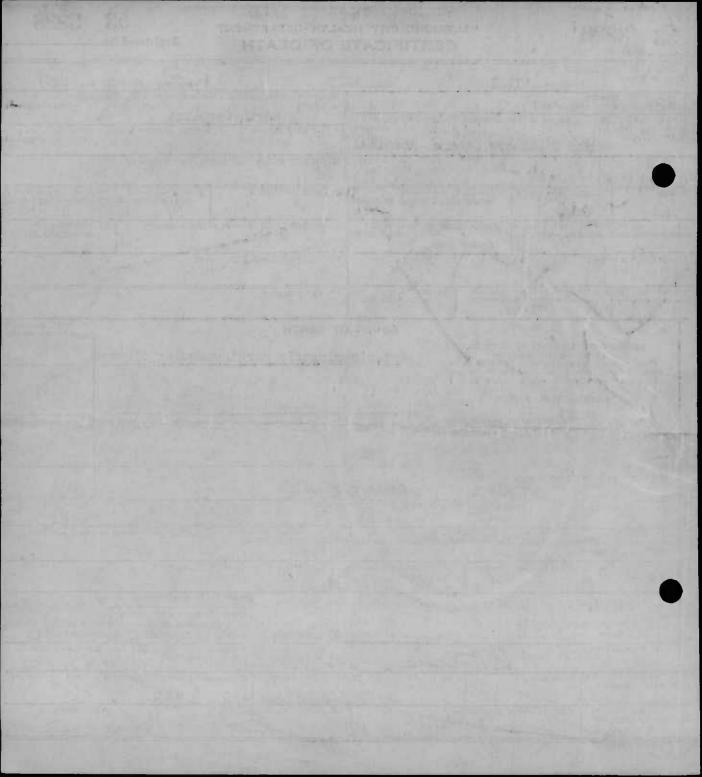


BALTIMORE CITY HEALTH DEPARTMENT

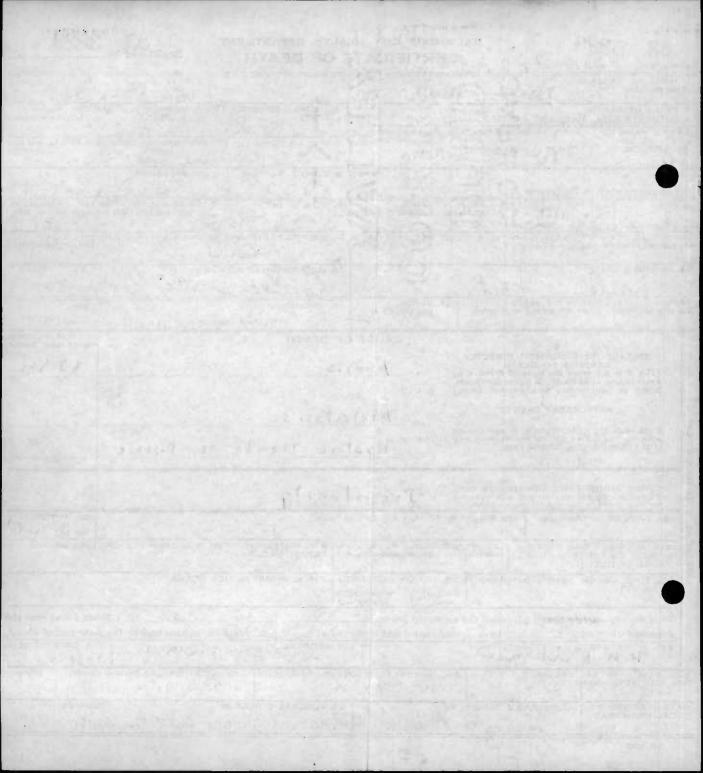
3228 53

Registered No. CERTIFICATE OF DEATH

SIKIH NO.						
I. NAME OF D Type or Print)		LLIAM	BALLAI	NCE	2. DATE OF DEATH Mar	ch 2, 1953
B. PLACE OF D	City, Maryland			4. USUAL RESIDENCE	Where decensed lived, I B. COUNTY	
FULL NAME HOSPITAL OR NSTITUTION	OF ('f not in hospit	al or institut	ion, give street address or location)	North Ca		its, write RURAL and give
NSTITUTION	South Baltim	ore Gen	eral Hospital	U		township)
th of s	stay in Baltimore		Yrs. Mos. Days	D. ŠTREET ADDRESS ()	f rural, give location)	
5. SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours In.
Male	White CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	50	l to curiori
	of working life, oven if retired)	IOB. KIND	K INDUSTRY	W	Toreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S I	NAME		O	14. MOTHER'S MAIDEN I	NAME	
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode one, asthenia, etc. It men complication which of ANTECEDENT CAUSES OR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ins the diseas caused death SES F ANY, GIVIN STATING TH ST.	(B)	sclerotic cardio	vascular dise	ease
TRIBUTING TO THE D	G TO THE DEATH, BUT	NOT RELATE	Acute a	lcoholism		
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES X NO
21A. EXTERIPRIMARY CAUSE OF	NAL CAUSE WAS OR CONTRIBUTING DEATH.	21B. PLA about home, f	ACE OF INJURY (e. g., i arm,fuctory.street,office bldg.,	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
the ev	idence obtained by eath in my opinion	said Auto	psy, Inspection or I	new powe, held an Part Autopsy Inquiry, find that said of M, accident □, suicid 239 CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	deceased died on te , homicide , 	the day stated above.
24A. BURIAL.	CREMA- 24B. DATE	2		RY OR CREMATORY 24D. NS MFDICAL SCHOOL MAR		
DATE RECEIVE LOCAL REGIST		SSIGNATU	RE ALL	25. FUNERAL DIRECTOR	2.4 (202	ADDRESS
VS 151	Dú 11-7	A	FATTA BITTE WAS		0	1/



630	X				
1.5 136610	E OF DEATH Registered No.	3229			
1. NAME OF DECEASED Boly Sirl For	2. DATE OF Mar	31/953			
3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins Hosp	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		rite RURAL and give township)			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	3 NESS			
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WOOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Und				
10A. USUAL OCCUPATION (Give kinder rerk done during mest of werking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. Mether Smalden Name				
Charles fort	Cileen Le Dor	jen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknewn) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL	RESS			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	kiz lectosis line Membrone Discose	23 hr.			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	turity				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	YES NO			
LYING OR CONTRIBUTING about heme, farm, factory, street, office bldg.	'ING OR CONTRIBUTING about heme, farm, factory, street, office bldg., etc.) INJURY OCCUR?				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from deceased alive on 3-31, 1953 and that death occur		hat I last saw the			
23A. SIGNATURE W. D. M. D.		3c. DATE SIGNED			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETI Burial 4/I/53 Lorraine Pa		county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AND	orth Ave.			
VS 150					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mrs. Mabel Crist OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Baltimore Md. B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 70 Years c. Length of stay in Baltimore 3901 Old York Rd. Days 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | if Under I Year last birthday) | Months; Days If Under 1 Year Hours: Min. Female White Marrised Widow 6-25-1882 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Maryland USA 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Johnston Margaret Fergerson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO 4-18-1876 Philip J. 1306 E. 36th Street Crist 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 3-29 3-30 , 1953, that I last saw the 1953 to. deccased glive on 3 -30, 1953, and that death occurred at 150 /m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA, 24B. DATE

WZ-30-53 2 C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Burial April 1953 Joudon Park

Baltimore. Maryland

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

alova

Burgee Funeral Home 3631 Falls Road

ADDRESS

VS 150

EDICAL

TARREST OF BEATH Man india . The A STATE OF THE PARTY OF Lather tento . 12 LANGE STATE OF THE AND THE RESERVE OF THE PARTY OF

53 3231

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH//arch Low State (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 00 X before admission B. FULL NAME OF (If not in hospital or institution give street address or location) INSTITUTION can busice D. STREET ADDRESS Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days AGE (In years | | Under I Year | If Under 24 Hours | Last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years WIDOWED, DIVORCED (Specify) 6 19 bedowed 10A. USUAL OCCUPATION (Give kind of I. BIRTHPLAC 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even lfretired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAKEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ookoowa) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. cone NTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 2-3 mis (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES terrolente Cardo Varoula (B) DISEASES OR CONDITIONS, IF ANY, GIVING Misime DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY WHILE AT Juch 30, 19 3, that I last saw the 22. I hereby certify that I attended the deceased from Jun 1952. to deceased alive on Mach 5, 19 3, and that death occurred at 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED eveldus 2-3300 24A. BURIAL, CREMA-240. LOCATION (City, town, or county)

TION BEMOVAL Specify DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Englow

173	E CITY HEALTH DEPARTMENT 5; IFICATE OF DEATH Registered
1. NAME OF DECEASED (Type or Print) DR. HARRY	BARNES 2. DATE OF DEATH 3
B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR INSTITUTION B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR INSTITUTION)	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY Carroll Carroll C. CITY OR TOWN (If outside corporate lim
c Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)

Type or Print) DR. HARRY BARN	VES 2. DATE OF 3/31/53
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
HOSPITAL OR NSTITUTION 2 Inversity Hospital	
Length of stay in Baltimore 28 Days	D. STREET ADDRESS (If rural, give location)
Male White 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min
IOA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY	Meligland 71.8. B.
Man & Barnes	14. MOTHERS MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO.	Mis Salma Barres Officials
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) CAUSE OUE TO	OF DEATH ONSET AND DEAT
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	estre Heart Failire
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	L'Ethrombosio; Corenay no; Caranoma of Prostate
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO P
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	In or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRINJURY WHILE AT NOT WHILE	

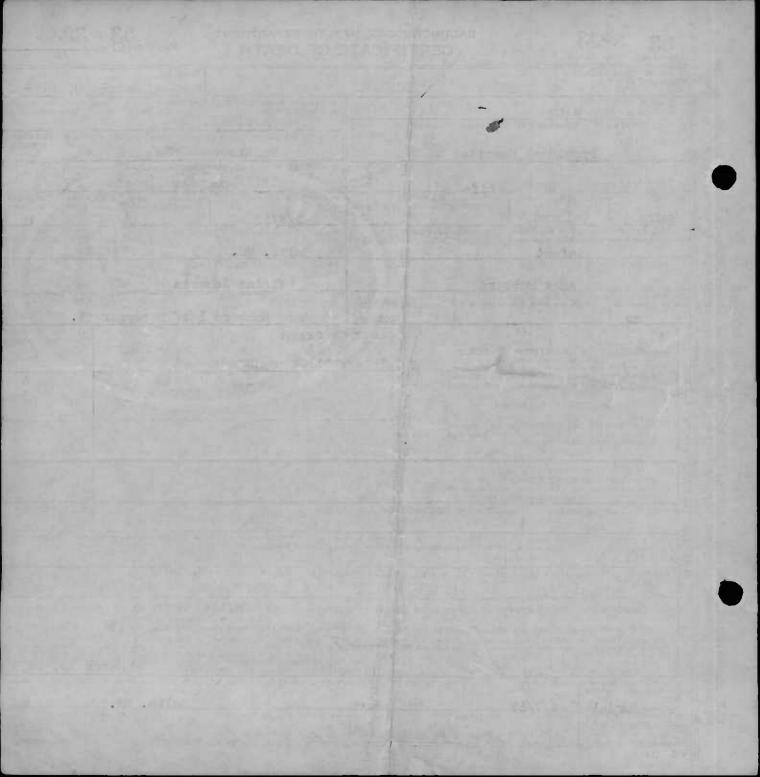
3/3/53, 19_, to 3/31/53, 19_, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 3/31/53 19 and that death occurred at 1:45 h., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

ADDRESS

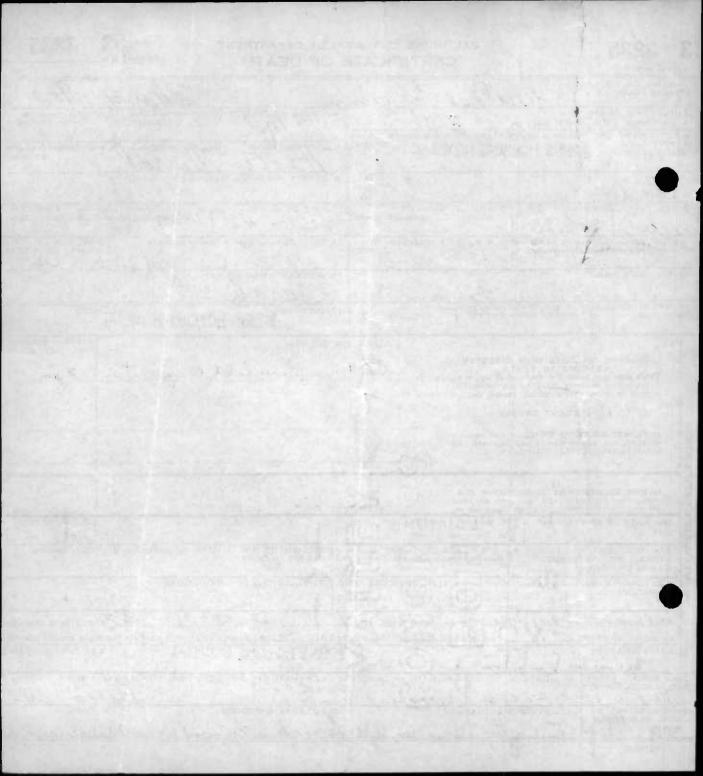
"HERDEY"



- LI D CERTIFICATE CORRECTED 4-8-53	
53 3234 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered I	3234
1. NAME OF DECEASED Serge Willes At . 2. DATE OF DEATH M	311953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) ONLY OF TOWN (If outside corporate limit of the cor	ts, write RURAL and give township)
c. Length of stay in Baltimore 52 57 Yrs. D. STREET ADDRESS (If rural, give looktion) C. Length of stay in Baltimore	Cure
	onths Days Hours Min.
10A OSUAL OCCUPATION (Official of 10B SAND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of yorking life, even if retired) North of the same	12. CITIZEN OF WHAT COUNTRY?
13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER/IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 2/3-01-6037	DDRESS
18. 570. 2 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	4 days
ANTECEDENT CAUSES JANNELLA LINES	- Adams
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	- range
(c) (c)	7
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Demonstrated Certification Semes aligned Certification TO THE DISEASE OR CONDITION CAUSING IT.	in years
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO B
218. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 218. PLACE OF INJURY (c. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 3-29, 1953, to 3-31, 195 deceased alive on 3-31, 1953, and that death occurred at 3.18, 7m., from the causes and on t	that I last saw the
23A. SIGNATURE 23B. ADDRESS HOPKINS HOSPITAL	23C. DATE SIGNED
244 DURIAL. CREMA! 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town tight gemoval (Specify)	, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	ADORESS D
VS 150 PASS Tuntington Mahallan, My Conklin, .	Muan Ma.

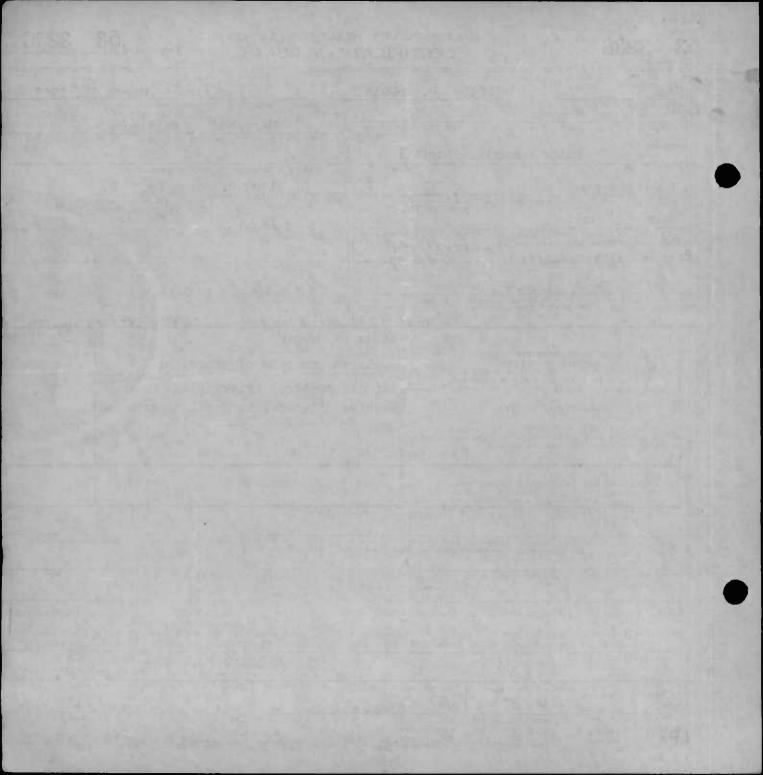
A. 68568

G 1.50	
	HEALTH DEPARTMENT X Square Square Square Square Square Registered No. 3235
1. NAME OF DECEASED (Type or Print)	2. DATE 05 Mg. 3/ 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY Defore admission)
B. FULL NAME OF (If not in hospital or institution, give street address	sor Ma Baltenese
INSTITUTION TOHNS HOPKINS HOSPITAL	On CLCHY OR TOWN (If counted corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	
5. SEX 6. COLOFFOR RACE 7. SOUCH. MARRIED. WIDOWED, DIVORCED (Spe	6. 26-45 9. AGE (In years It linder 1 Year Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUST	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis o Grinn	Sarah Congle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO	D. 17. INFORMANT HOPKINS HOSPITAL
	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	nil ganglion all Degeneration 2yes.
heart failure, asthenia, etc. It means the discase, Injury or complication which caused death.) DUE TO	8
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c.	g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office his	log, etc.)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	
m. WORK AT WO	RK L
deceased alive on 3 , 1952, and that death oc	curred at 1/15 m., from the causes and on the date stated above.
23A. SIGNATURE Pullon de . M. D.	24 OHRS FORKINS HOSPITAL 23C. DATE SIGNED
	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 1 1934 Tuestangton Philippen Mil	Lassalus Furnal Homa 7401. Belan Rd
VS 150	



V S 151

1]	K-169	EALTH DEPARTMENT	FO	2000
53	4 · 9996	E OF DEATH	Registered No.	3236
	RTH NO.	L OI BEATH		MALES DE LE
	NAME OF DECEASED ype or Print)		2. DATE OF	
	FLOYD W. ROBERTS		DEATH March	31, 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived, If inst	titution : residence before admission
	FULL NAME OF (If not in hospital or institution, give street address of			
	OSPITAL OR location	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and giv
	Union Memorial Hospital		293	
	/5 — Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of stay in Baltimore Days		Joppa Road	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	last birthday) Months	er I Year It Under 24 Hours: Mir
	Male White	Jan 24.1915	38	
	A. USUAL OCCUPATION (Givekiod of OBER KIND OF BUSINESS OR doneduring most of worklog life, even if retired)	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
	ecussianassembler ythat Emplayers		nd	450-
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	
	W= E Roberts	Grac. Fl	· Tober	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDI	RESS
(10	NO 577-26-436	I MANS Flow & R.L.	-+ 5 1707 E Q	una Dd
		OF DEATH	731771690	INTERVAL BETWEE
	DISEASE OF CONDITION DIRECTLY	OI DEATH		ONSET AND DEAT
		red aneurysm of the	e right	
	heart failure, asthenia, etc. It means the disease.			
		le cerebral artery		
	ANTECEDENT CAUSES Massi	ve bilateral subdu	ral hemorrhage	
Z. 0	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************	
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
S	(C)			
RTIFIC	OTHER SIGNIFICANT CONDITIONS CO.			
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
의 대	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	PATION		20. AUTOPSY?
	194. DATE OF OPERATION 198. MAJOR PHODINGS OF OPE	NATION .		YES X NO
N N	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	io or 21c. WHERE DID (I	f in Baltimore City, give	
ā	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.	.etc.) INJURY OCCUR?		
H H	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE		000011	
	m. WORK L. AT WORK		1	
	22. I certify that I took charge of the remains described	above, held anau'	topsy	thereon and from
	the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said de	eccased died on the	lay stated abov
	and death in my opinion resulted from: natural cause			pate signed
	11/20 16/24	ASSISTANT MEDICAL E	XAMINERX	1 07 7070
	A. BURIAL, CREMA- 248/ DATE () 24C. NAME OF CEMET	M.D. MEDICAL INVESTIGATORY 240. LC	OCATION (City, town, or e	
	REMOVAL (Specify) 4/4/53 Por			
II DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Bal nol Home 74,	DDRESS
	CAL REGISTRAR	1 1	4 (1 5.	100-0
1 24	The Tours Tours on the 160 M.	Acessalus fur	not Home 141	al Belan K

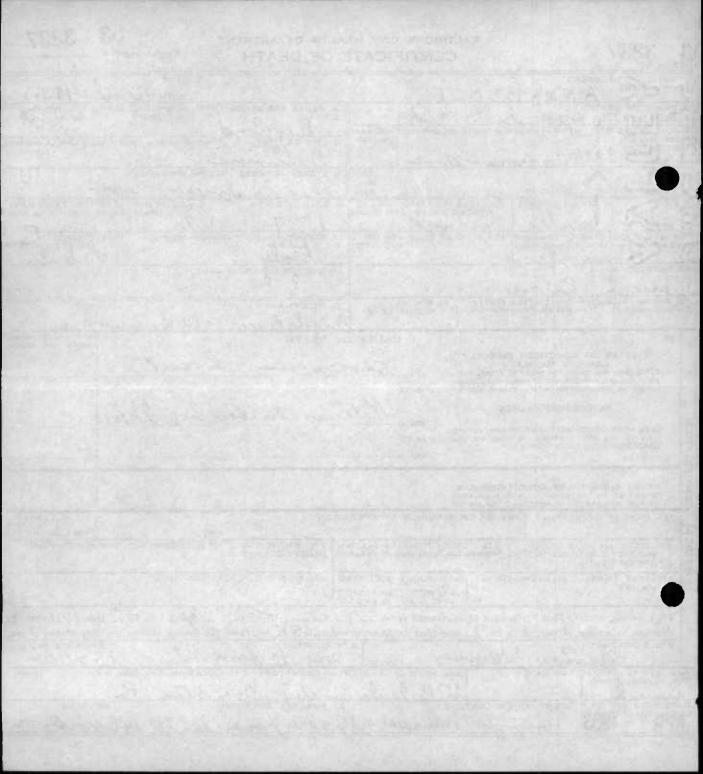


-	200	
3	3237	
BIR	TH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3237
Registered No.

(Type or Print) A NNA BUCCI	2. DATE OF DEATH April 1-195	3		
	USUAL RESIDENCE (Where deceased live it. If institution: reside STATE B. COUNTY before add			
B. FULL NAME OF (If not in hospital or institution, give street address or location)	CITY OR TOWN (If outside corporte limit, with RV RAY a	1 /		
HOSPITAL OR NSTITUTION 3012 A groven are		na give vnship)		
Yrs. D.	STREET ADDRESS (If rurnl, give location)	10		
c. Length of stay in Baltimore Mos. Days	3012 Harriew ane			
temele alute midened (Specify)	DATE OF BIRTH 9. AGE (In years li Under I Year last birth day) 7.3 Months: Days Hours	24 Hours Min.		
ork done during most of working life, every if retired) INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU.	NTRY?		
3. FATHER'S NAME	MOTHER'S MAIDEN NAME	<u> </u>		
Joseph Buca	3. 0			
(15, WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (17 yes, give war or dates of service) SECURITY NO.	INFORMANT ADDRESS			
a	ngelo Bucai 3012 Harnew Ana			
	EATH INTERVAL BE ONSET AND	TWEEN DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	noma Breat			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1	***********		
	0 7 0110.			
(B) William Control 6. V. History				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
(C)		******		
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	ON 20. AUTOF	SY?		
21. ACCIDENT WAS HADED. 1 210 PLACE OF INHURY (NO L		
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?	1)		
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED NOT WHILE	21F. HOW DID INJURY OCCUR?			
m. WORK AT WORK				
22. I hereby certify that I attended the deceased from 10/	, 10 2 , 10 00	w the		
deceased alive on Mar. 31, 1953, and that death occurred	ADDRESS 23c. DATE SIG			
Malkey Januey M.D. 7	101 Harford Rd. 4/1/5.			
24A. BURIAL, CREMA. 24B. DATE 24M. NAME OF CEMETERY O	OR CREMATORY 24D. LOCATION (City, town, or county)	State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25.	FUNERAL DIRECTORY ADDRESS			
APR REGISTRAS3 Huntington Williams Mr. Co	sept Forace In 712-14 & month	a		
VS 150	7-			



3238

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3238

BIRTH NO.	THE OF BERTIN
(Type or Print) EDWIN F. NORTH	2. DATE OF DEATH Mar. 31, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address local	ess or Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give twinship) Baltimore
The state of the party of the state of the s	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1123 N. Eutaw St.
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (S	Pecify) 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year last birthday) Months Days Hours Min. 94
10a. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) Dispatcher 10b. KIND OF BUSINESS O INDUS	
13. FATHER'S NAME Wm. North	14. MOTHER'S MAIDEN NAME Julia (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO 16. SOCIAL SECURITY N NO	No. 17. INFORMANT ADDRESS Mrs. Walter Joyce Above
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	myscardial Infantin
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	YES NO L
2 IA. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCC	bldg.,etc.) INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on Florage, 1953, and that death of 23A. SIGNATURE	
TION, REMOVAL (Specify)	rk Cemetery Baltimore, Md. 25. FUNERAL DIRECTOR ADDRESS State Country Country
PR 1 - 1953 Huntington Williams M.	Mm. J. Tuckner . Some Inc Ballo med

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3	200 RTH NO.39		ВА	LTIMORE CITY HE	EALTH DEPARTMENT	T Registered	3239
1. (T	NAME OF Dippe or Print)		LIAM 1	M. LEASE SR		2. DATE OF DEATH Ma	r. 31, 1953
	PLACE OF DI Baltimore C	city, Maryland		KITCHELLER IN	4. USUAL RESIDENCE A. STATE		f institution: residence before admission
H	FULL NAME OSPITAL OR STITUTION	of (If not in hospit		ntion, give street address or location) Rd.		If outside corporate im	its, write RURAL and give township
C.	Length of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (
	SEX M	6. COLOR OR RACE	WIDO	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	if Under 1 Year II Under 24 Hours Ionths Days Hours Min.
10 worl	done during most o	CUPATION (Give kind of f working life, even if retired) al Clerk		of Business or INDUSTRY S. Government	Frederick, Md.		12. CITIZEN OF WHAT COUNTRY USA
13	. FATHER'S N		Toront		14. MOTHER'S MAIDEN		
15		lliam Henry		I 16. SOCIAL		a McGalaster	
(Ye	NO	(If yes, give war or date	of service)	SECURITY NO.	Mrs. Clara B. I		ADDRESS Ve
CERTIFICATION	(This does heart failur injury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which complication which complication with the complication of the complication which we can be complicated by the complication of the complication which we can be complicated by the complication of the complication which we can be complicated by the complication of the complication which we can be complicated by the complication of the compli	F ANY, GIV STATING TIONS CO	ASO, (A)	rek Hemer	rhoge	18hr
		The second secon		R FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	LYING OF		about home	_ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	eto.) INJURY OCCUR?	(If in Baltimore City,	YES NO
	210. TIME (Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE		RY OCCUR?	
		y certify that I att ive on 33953 TURE		e deceased from and that death occur	rred at 145 Am., from 13B. ADDRESS	3/31/53, 19	that I last saw the the date stated above
24 TIC	a. Burial. C N. REMOVAL (S Burial		, 1953	240 NAME OF CEMETE Mt. Olivet	RY OR CREMATORY 240. Cem. Bal	LOCATION (City, tow timore, Md.	n, or county) (State)
	ATE RECEIVED CAL REGISTI	BY REGISTRAR	SSIGNAT	Williams Mit	Um. J. Jekner 1		alte med.
	VS 150		0	-	1		

5 Fy 1420 82

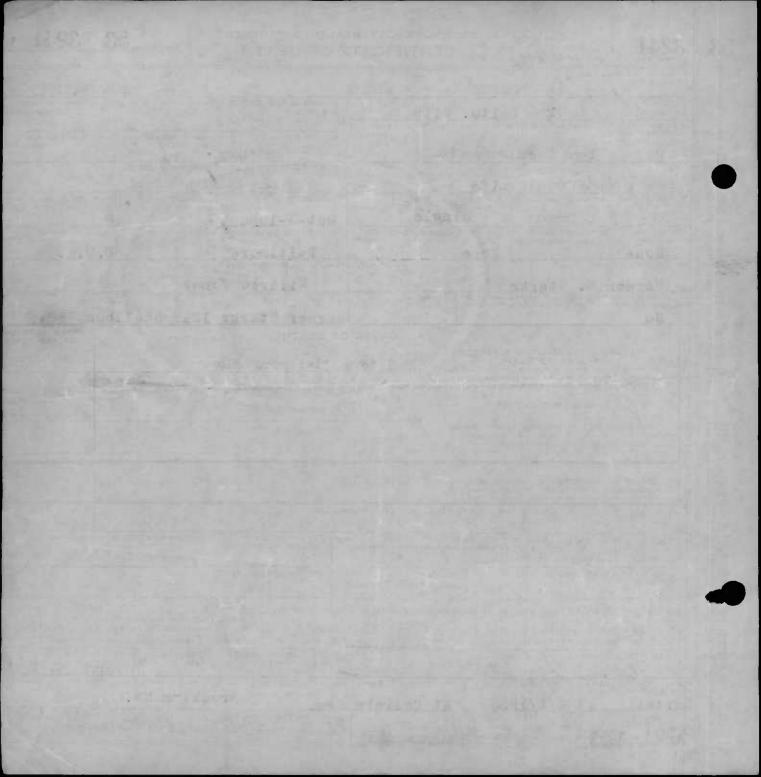
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$3 3240

BIRTH NO.						
1. NAME OF DECEAS (Type or Print)		amie Gr	een		2. DATE OF March	30, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE (A. STATE Mary land	Where deceased lived, I B. COUNTY	f institution: residence before admission)	
IN OTHER	timore Ci	-	itals location)	c. CITY OR TOWN (I Baltimore	f outside corporate lijh	lts, write RURAL and give township)
c. Digth of stay in		27 Ye	ars Yrs.	o. STREET ADDRESS (III	rural, give location	
5. SEX 6.CC	CLOR OR RACE		Days . MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH May 15, 1901	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
10A. USUAL OCCUPA ork done during most of working	TION (Give kind of ag life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles B				14. MOTHER'S MAIDEN N Lucy Spencer (I		
15. WAS DECEASED EVE Yes, no or unknown) (If	R IN U.S. ARMED yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4940 E		(records)
(This does not n heart failure, ast injury or compl	CEDENT CAUS	H f dying, e. g ns the disease aused death.	(A) Cerebi	of Death	ident	interval between onset and death 2 days
DISEASES OR O	CONDITIONS, IF OVE CAUSE (A) CONDITION LAS	ANY, GIVIN	G DUE TO	es Mellitus		?
TRIBUTING TO T	II FICANT CONDIT HE DEATH, BUT I OR CONDITION	NOT RELATE	D			
19A. DATE OF OP	ERATION 0 15		FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING	21B. PLA about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	a or 21c. WHERE DID (If in Baltimore City,	give exact location)
21D. TIME (Month	n) (Day) (Year)		HILE AT NOT WHILE AT WORK			
deceased alive or			and that death occur	- 28 - , 1953, to red at 7:25pm., from		the date stated above.
23A. SIGNATURE		witer	м. р.	38. ADDRESS 4940 Eastern Ave		3-30-53
24A, BURIAL, CREMA TION REMOVAL (Specify	4-3-	52	MY CLU	ery leno 13	Burkly	" me
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S	SIGNATU	RE	Enry 1.W	elear 100	ABBRESE DE
VS 150	7	FIRE	MALLAN MOST			un

Charles and the contract of th · 16 grander MARGIN RESERVED FOR BINDING

5-560		
3241 - 2-24/41 CERTIFICA	TE OF DEATH Registered No. 3	241
1. NAME OF DECEASED	2. DATE	
(Type or Print) WARNER STAF	40.00	1953
3. PLACE OF DEATH: A Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY before	: residence
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR	sor Maryland /2	
INSTITUTION	C. CITT OR TOWN (II ducside ed phrate innits, writere	JRAL and give township
Johns Hopkins Hospital	Baltimore p. STREET ADDRESS (If rural, give location)	
Towards of the San Dall's Tree		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year	It Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of tops of the control of the con	11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF T COUNTRY
None None	Baltomore U.S.A	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	. /
Warner E. Starke	Mildred Jones	
Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO		na
	Warner Starks 1219 Shellbank	VAL BETWEEN
heart failure, asthenia, cte. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR		AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	g., in or 21C. WHERE DID (If in Baltimore City, give exact dg., etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY m. WHILE AT HOT WH AT WORK	ILE ,	
22. I certify that I took charge of the remains describe	d above, held an Autopsy thereon	n and from
the evidence obtained by said Autopsy, Inspection of and death in my opinion resulted from: natural car	Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the day stages X , accident \square , suicide \square , homicide \square , undetermine	ated above ined .
23A. SIGNATURE Month	ASSISTANT MEDICAL EXAMINER MARCH	30, 1953
TION, REMOVAL (Specify)	ETERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)
Burial 4/1/1953 Mt Calver DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	y Cem. Brooklyn Md. 25 FÜNERAL DIRECTOR Elroy 8, Walson 1000 Buntl	H RIX
APRI- 1953 Thuntington Welliams Mit	, our or we see that the	1/
V S 151		



2.	-152	
1	52 32A2 HEALTH DEPARTMENT	F-CITY OF BALTIMORE
	CERTIFICAT	E OF DEATH 151× 53 3242
	1. PLACE OF DEATH	Registered No
4	CITY OF BALTIMORE: (No 1608 M- Gld	(If death occurred in a hospital or institution, give its NAME instead
		of street and number.) mosds. How long in U. S. If of loreign birth?yrsmosds,
1	FULL NAME Margie Kolumon	off U. S. Veteran apecify WAR
	(a) Residence: No. 1804 Mr. El deeury	St., Ward,
te.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ifica	3. SEX 4. Color or Race 5. Singic, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) MAR 27 . 1953
cer	5a, If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
k of	HUSBAND of (or) WIFE of Manual	I last saw h A alive on 7/1/7 , 19.5.3 Death is said
pac	6. DATE OF BIRTH (month, day, year) apy - 10	to have occurred on the date stated above, at
s on	7. AGE Years Months Days If LESS than 1 day,hrs.	importance were as follows:
tion	ormin.	Carunoma of Sumoch
nstruc	kind of work done, as spinner, sawyer, bookkeeper, etc.	
e ins	9. Industry or business in which work was done, as silk mili, saw mili, bank, etc	Other contributory causes of importance:
Se	10. Date deceased last worked at this occupation (month and year).	
ınt.	12. BIRTHPLACE (city or town) Plana	
orta	(State or country)	Was an operation performed? Date of For what disease or injury?
imp	13. NAME INCOMENTAL STATE OF THE STATE OF TH	Name of operation
very	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
18	15. MAIDEN NAME Emma Hall	lowing: Accident, suicide, or homicide?Date of injury
O	16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and State)
F	1) Vine	Specify whether injury occurred in industry, in home, or in public
COF	(Address) 200) n. Small alvor	Manner of injury.
OC	18. BURIAL, CREMATION, OR REMOTE	Nature of injury
6	Carner Dames (Lace)	24. Was disease or injury in any way related to occupation of deceased?
60	(Address) 217 E. Treston SX	If so, specify
٧ 5	20. Frank 1 = 1953 Hentington Williams He	(Signed) Signed M. D. (Address) \$221. Only
	9 365	A de

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

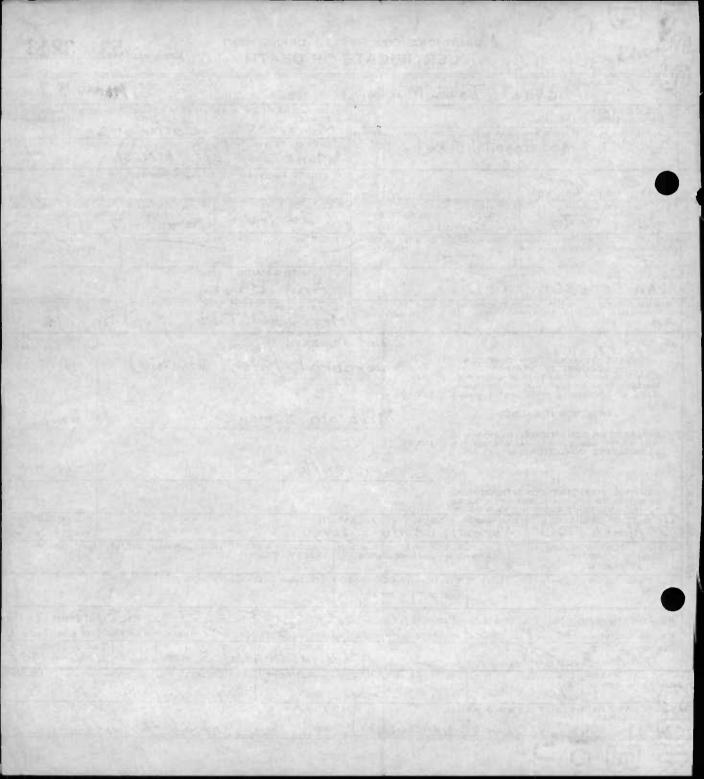
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries

Examples:

Examples: Example I	tage vaccion to	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ag
Chronic interstitial nephritis	1921	Run over by street car	1 week ag
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ag
Other contributory causes of importance:	May 1 1008	Other contributory causes of importance: Gastroenteritis	1 year
Gaustones	1100		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

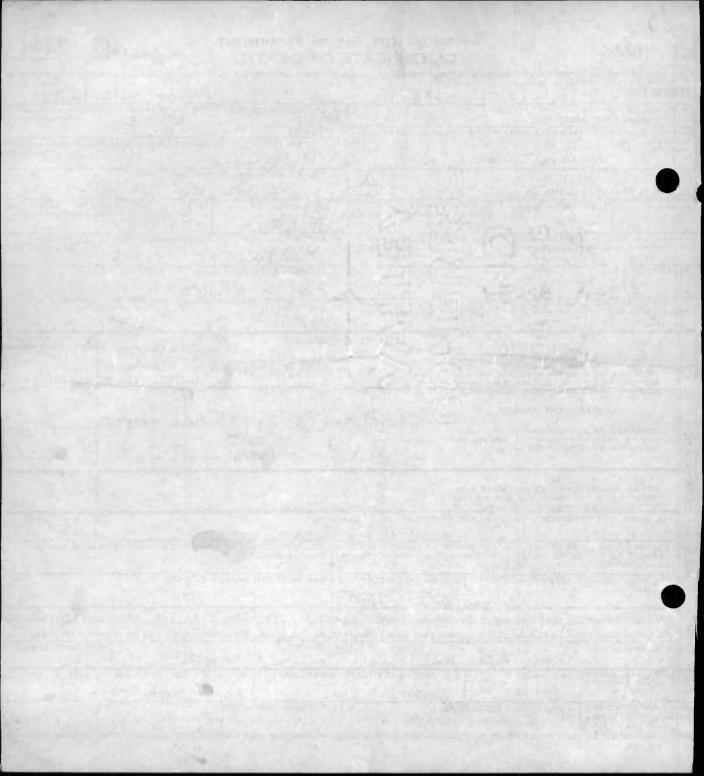
100	一百二年1月2761	
0042	E OF DEATH Registered 2002	3243
1. NAME OF DECEASED (Type or Print) Michael Macken	zie Tabb 2. DATE OF BEATH 31 MAR	dt 53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instit	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR his Hospital School location)		ite RURAL and give township)
7 m 0. C. Legth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	D D
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White Widowed, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months 7	
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY?
John Prosser Tabb	14. MOTHER'S MAIDEN NAME Ann Bayly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. John P. Tabb Monktor	ess Md
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	rebral Palsy (Athetoid)	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	brain damage	lmo
Cond	genital Defect	7mo.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
, 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION. GUING	20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) None 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give option, etc.) INJURY OCCUR?	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from 3 deceased alive on 3-31, 19.53, and that death occu	-26, 153, to 3-31, 153, th	at I last saw the
Thomas Bhameron fr. M.D.	23B. ADDRESS 23	March 1953
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) Der. 2 53 Stram	2 11 2 1	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADD 1 1053	25, FUNERAL DIRECTOR AD	DRESS
VS 150	in age of the state of the stat	



BALTIMORE CITY HEALTH DEPARTMENT

3244

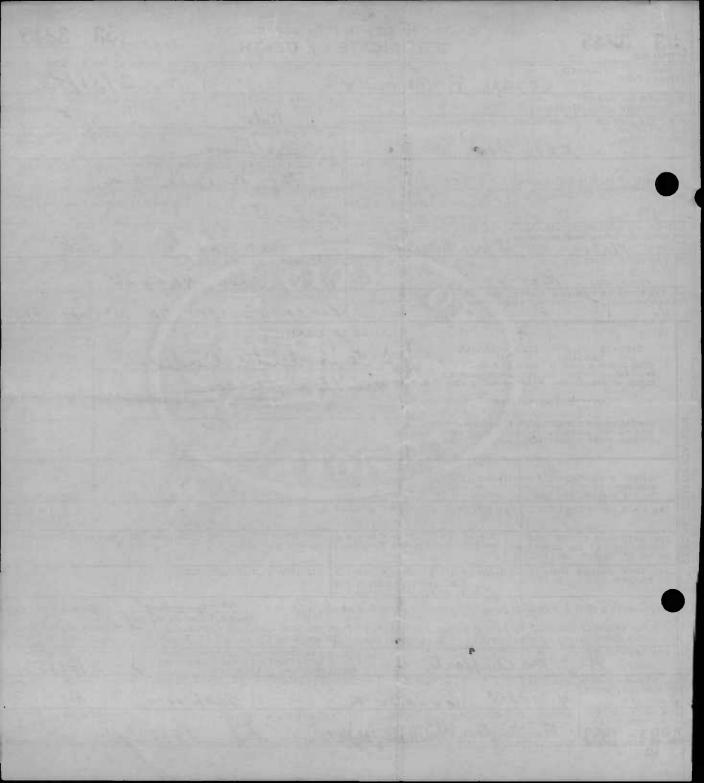
CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Clara Clark (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) BElto B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate dimits, write RURAL and give c. CITY OR TOWN INSTITUTION University Hospita D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Days 9. AGE (In years | | Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Home 13. FATHER'S NAME MODDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Helen Ginn E. York St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Irreversible Shock LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Cortical Atrophy & Fleccil Hempleyia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS Hemisphere, right EDICA Degeneralive 21B. LACE OF INJURY (e.g., in or | 2 C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 3 3 53 _, 19___, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3 31153 ___ 19____ and that death occurred at_ _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED seam H. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 3/4/53 Memorial Cem. Portsmouth. Ohio Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR JOHN F. DENNY, INC. 715 Light St.



1	26	
-10	3245	
00	つじばつ	
BIRTH N	10.	

CERTIFICATE OF DEATH Registered 53 3245

BI	RTH NO.									
(T	NAME OF D ype or Print)	Jo:	seph F	? Merc	er			OF DEATH	3/31	153
	PLACE OF D					4. USUAL RESID	ENCE (Whe	re deceased live		
	A. Baltimore City, Maryland B. FULL NAME OF					md		B. COURT		before admission)
HC	HOSPITAL OR location)					C. CITY OR TOWN	(If out	tside corporate	Linita write	RORAL and give
IN	STITUTION	Mc Cab-	1			Ball	T:	But 1		township)
	701	M.c CAbe	Ave		- Y	Dale	umore			
			7.		Yrs. Mos.	D. STREET ADDR	ESS (II rur	al, give location	n) ! _	
C	igth of s	tay in Baltimore			Days	101	meca	we H	ve.	
٥.	^^	6. COLOR OR RAC	WIDOW	E, MARRIED, VED, DIVORCED	(Specify)	DATE OF BIRT		. AGE (In year last birthday		ar If Under 24 Hours ays Hours: Min.
	//\	W		owed	6	5-9-18	65	87		
10	A. USUAL OC	CUPATION (Give kin of working life, even if retin	dof IOB. KINE	OF BUSINESS	OR 1	1. BIRTHPLACE (State or forei	gn country)	12. CIT	TIZEN OF
5,		Ater	Silver	PATING	USIRY	Varth CA	ro /INA		US	AT COUNTRY
	. FATHER'S		PIIIC.	/ MITHS	/	4. MOTHER'S MA			100	
		44				AA A	TOEN NAM	. ,		
-		as Mer				MARY J	ANE	Nee N.	9 N	
(Yes	. WAS DECEASI	ED EVER IN U, S. ARI		16. SOCIAL SECURITY	V NIO	7. INFORMANT			ADDRESS	5
`	No	~	,	SECORIT	110.	Elmer M	lercer	701	Mc Ca	he Are
	/ .	0 1						101	Liber	EDVAL BETWEEN
	18. 42	2.11		CA	USE O	FDEATH			ONS	SET AND DEATH
	DISEAS	SE OR CONDITIO	N DIRECTLY	٨	+		~ 1			
	(This does	LEADING TO D	EATH le of dying, e. :	g., (A)	rier	ioscleral	ic Ca	rdio -		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									***************************************
	injury or complication which caused death.) DUE TO Vascular disease									
-1	ANTECEDENT CAUSES									
Z DISFASES OF CONDITIONS IS ANY CIVING										
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED										
FI	UNDERLY	YING CONDITION	LAST.	(C)						
0				(0)			***************************************		-	
드	071177									
님		GIGNIFICANT CON								
Ш		SEASE OR CONDITI								
이	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF	OPERAT	ION			20	D. AUTOPSY?
긔									YE	s No
EDICAL	21A. EXTERN	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in							ity, give exac	et location)
ăl	UNDERLYIN	G OR CONTRI	0 -	arm, factory, street, of	lice bldg., eto.	INJURY OCCU	R?			
Σ	OF INJURY	Month) (Day) (Ye		21E. INJURY O		21F. HOW DID	INJURY O	CCUR?		
			m.		T WHILE					
K	2. I cortis	fu that I took oh	area of the	mamaina dagas	eihad aha	no hold an	Ana	uru	41.000	and form
2. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes B, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined to the day and death in my opinion resulted from: natural causes \(\subseteq \).						hove, held an Autopsy. Inspection ordinary thereon and from				
						n the day	stated above,			
				rom: natural						
	23A. SIGNAT	a an		+		23B. CHIEF ME			23c. DATE	SIGNED
		71. J. MC	Claffe	rly	M.D.	MEDICAL INV			3/	31/53
	A. BURIAL, C			24c. NAME OF C	EMETERY	OR CREMATORY		ATION (City, t		ty) (State)
	N. REMOVAL (S	pecity) 4- 3-/	1953	Vew Cathe	Jeal		10017		N	12
	TE RECEIVE			EW CA/A		5. FUNERAL DIR	ECTOP.	17016		
LO	CAL REGIST	RAR	A 4-	11/1	2	DO CONERAL DIR	e l	The second	ADDRE	/
6	PR1 - 1	953 1 m	tryston	MALLERINA	MIS	Thene FS	est	5209 y	ork	Rd
V	S 151		0		0		7			-



3246

BALTIMORE CITY HEALTH DEPARTMENT

52	2240
00	3246
Registered No.	

BIRTH NO.			CERTIFIC	CAIL	OF BEATT	1		
1. NAME OF (Type or Print)	DECEASED Mab	el	C.	Lip	scomb	2.	OF Apr	il 1, 1953
3. PLACE OF I A. Baltimore B. FULL NAME	City, Maryland	al an instituti		1 2	4. USUAL RESIDE A. STATE Virginia	NCE (Where	deceased lived. B. COUNTY	If institution: residence before admission)
HOSPITAL OR INSTITUTION	6201 Leit	-		ocation)	c. CITY OR TOWN Portsmouth		de corporate lin	nits, write RURAL and give township)
		II Walli		Yrs. Mos.	D. STREET ADDRES		, give location)	
5. SEX	stay in Baltimore	7 CINCLE	. MARRIED.	Days	8. DATE OF BIRTH		AGE (In years)	If Under 1 Year If Under 24 Hours
female	white	WIDOW	ed, divorced dowed	(Specify)	Nov. 26, 188	2 7	ast birthday)	Months Days Hours Min.
ork done during mos	CCUPATION (Glvekind of t of working life, even If retired) SEWIIE	own ho	OF BUSINESS	OR	11. BIRTHPLACE (St. Richmond, V		country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME				14. MOTHER'S MAI	DEN NAME		
	Joseph A. Ci	rooks			Ella B. Bra	dshaw		
15. WAS DECEAS	(If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY	Y NO.	17. INFORMANT Mrs. Carl C.	McDade,	, 6201 Le	address eith Walk
DISEASE TO UNDERLU	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					,		eg 2 MONTHS
_	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF	OPER.	ATION			20. AUTOPSY7
LYING C	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or linguage) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK M. WORK							
22. I hereby certify that I attended the deceased from . 17, 1953to 1953to deceased alive on April 1, 1953 and that death occurred at 1030 pm., from the causes and on the						53that I last saw the the date stated above		
23A, SIGNA	Alfre	d 1	Tole .	1. 0.	136 A.	Hilto	n St	april 1.195
remova	111111	2	Oak Grov		etery	Portsmo	outh,	Virginia
DATE RECEIV LOCAL REGIS		s signatu	Whiam,	Mis	25. FUNERAL DIRE	. 0	1217 St.	Paul Street

-41	
FVJ 1	68974
53340	3247

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3247 Registered No-

1. NAME OF DECEASED (Type or Print) 2. DATE March 27, 1953 OF John Eddy Phillips DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OR Baltimore City Hospitals township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 10 years 1306 West Lexington Street ngth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) last lirthday) Months Days Hours Min. If Under 24 Hours Male White Jan. 25, 1901 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Auto ShoWorth Carolina Auto Painter 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Grace Cisero Phillips Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes. give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 39-18-3560B. C. H. 4940 Eastern Ave. (records) 490% INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar Pneumonia (This does not mean the mode of dying, e.g., (A) heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED WHILE AT 153. to 3 - 27 - , 1953, that I last saw the 22. I hereby certify that I attended the deceased from 3 - 24 -- 27 -, 1953, and that death occurred at 8:45P m., from the causes and on the date stated above. deceased alive on 3 23A. SIGNATURE 4940 Eastern Avenue 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Baltimore Md. Baltimore National 4-1-53 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL_REGISTRAR Voldealles, NIS 4600 Liberty Heights Ave.

VS 150

DOWNER OF THE B AYOUR PROPERTY TO VALUE OF THE PROPERTY OF TH

N862.4

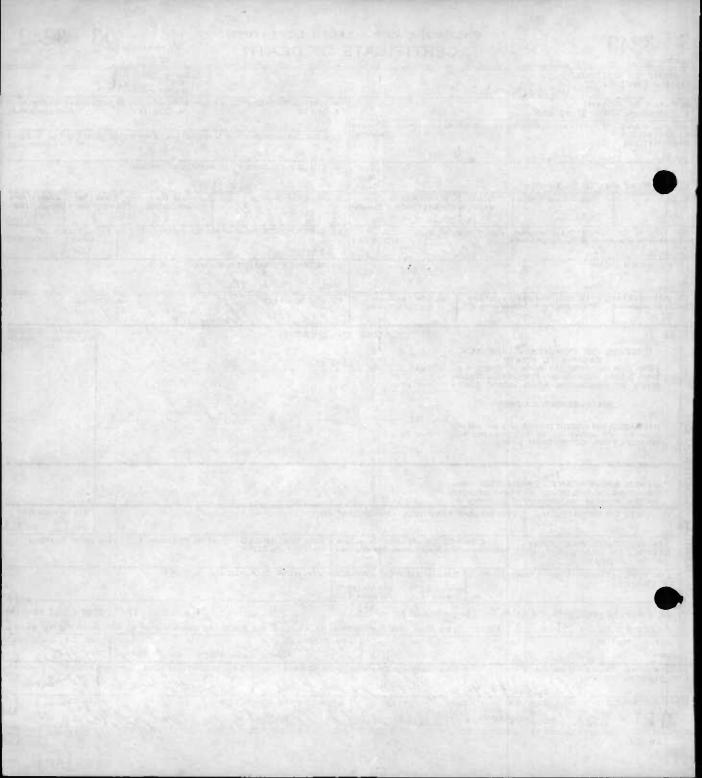
11 T- 6:	56	BALTIMORE CITY HE	ALTH DEPARTMENT	P**			
53 324	8	CERTIFICATI		Registered No.	3248		
1. NAME OF DEC (Type or Print)	Dun G.	Turner		OF DEATH 3-25	7-53		
	y, Maryland Ba		4. USUAL RESIDENCE (B. COUNTY	titution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION	theran	As a 4		f outside corporate limits, v			
c. Length of sta		Yrs. Mos. Days	o. street address (If	rural, give location)			
5. SEX 6	COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH Sept. 1907	9. AGE (In years HUm	ter I Year II Under 24 Hours Days Hours Min.		
Male 10A. USUAL OCCU work done during most of w Radio Op		Married 10B. KIND OF BUSINESS OR INDUSTRY Merchant & Mines	11. BIRTHPLACE (State or 1	foreign country) 12	2. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NA	ME	Steamship Co.	14. MOTHER'S MAIDEN N Jennie Allen				
John Tur 15. WAS DECEASED (Yes, no or unknown) Yes	EVER IN U. S. ARMED (If yes, give war or dates WW11	FORCES? 16. SOCIAL SECURITY NO. 242-14-253	17. INFORMANT		PRESS		
(This does repeated in Jury or continuous of the	OR CONDITION ALEADING TO DEAL LEADING TO DEAL LEADING TO DEAL LEADING TO THE COMPILIATION OF THE CONDITIONS, IF ABOVE CAUSE (A) NG CONDITION LAS	f dying, e. g., (A) (A) Such the disease, aused death.) DUE TO ES (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ishof whend	0+ kfy Ches			
TRIBUTING T	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
U 19A. DATE OF		B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
UTING [] CA	CAUSE WAS IT OR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., automobile (Hour) 21E. INJURY OCCURR	Dolfield Ave.	of in Baltimore City, give just above Be			
OF INJURY 3	onth) (Day) (Year) /28/53 5:48	P. WHILE AT NOT WHILE AT WORK					
the mid	22. I certify that I took charge of the remains described above, held an Autopsy Anspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .						
23A. S GNATU	IRE Volume	M N	238. CHIEF MEDICAL ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGA	EXAMINER 23c.	-29-53		
24A. BURIAL, CR TION REMOVAL (Spe	edify) April	1,531Rocky Moun		North Carol			
DATE RECEIVED LOCAL REGISTR		gton Welliams M.J.	E USWORT	arma	ADDRESS		
V S 151 N 8	160.4	07655	4600-500	it i Such	to Crow		

4600 Silerty

. offert Chambre The state of the s JAN TO LEAVE TO SERVE and the state of t

LAMB

3	3249	BALTIMORE CITY HE			3 3249
В	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF DECEASED ype or Print) William &	ramb		OF BEATH 3 3 13 15	}
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If inst B. COUNTY	titution : residence before admission)
H	OSPITAL OR ISTITUTION	tal or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limite, w	rite RURAL and give township)
7	buth Batto Gen. dosp-	Yrs.	o. STREET ADDRESS (If	rural, give location)	
c.	th of stay in Baltimore	Mos. Days	630 W. B.HiN	wre St.	
5.	Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH		or I Year If Under 24 Hours is Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF
	nsioned	Heleral Tinto	Tenni	and the state of	WHAT COUNTRY
13	FATHER'S NAME	METAL CONTHINESS (M)	14. MOTHER'S MAIDEN N.	AME	
2	James Lamb	W - 97	Lecky Warren.		
Ye	5. WAS DECEASED EVER IN U. S. ARMED a, no or unknowe) (If yea, give war or dates	D FORCES? 16. SOCIAL SECURITY NO.	alene Hillm	un 38 E. Osti	ress
ERTIFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which continues of the mean injury or complication which continues of the above cause (A) UNDERLYING CONDITION LAST INTERPORT TO THE DEATH, BUT TRIBUTING TO THE DEATH, BUT	DIRECTLY TH of dying, e.g., mas the disease, caused death.) SES FANY, GIVING STATING THE AST. (C)	or DEATH cete Sulmonar eteasure CV)scere_	ONSET AND DEATH
U U	TO THE DISEASE OR CONDITION			10000	20. AUTOPSY7
V U	21. ACCIDENT WAS INDEED	YES NO Le exact location)			
MEDI	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e			
	OF INJURY (Month) (Day) (Year)) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
	22. I hereby certify that I att. deceased alive on 3 1153		that I last saw the		
	23A. SIGNATURE	2	39. ADDRESS		23c. DATE SIGNED
TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR:	24c. NAME OF CEMETE 24c. NAME OF CEMETE 4/1943 S SIGNATURE M.D. I	RY OR CREMATORY 240. L 25. FUNERAL DIRECTOR	OCATION (City, town, or Brioklyn U.C.	county) (State) (State) (State) (State) (State)
	VS 150	691	3E	The Mark	- Viri



-76/		
	E OF DEATH Registered No.	3250
1. NAME OF DECEASED Robert Musqi	rore 2. DATE OF DEATH	r.1,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)	C. CITY OR TOWN (If outside corporate limits, w	vrite RURAL and give townshlp)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	5,5,9
c. Dogth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7 SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) II Und	er 1 Year If Under 24 Hours
M. WIDOWED, DIVORCED (Specify)	Dec 8, 1951 last birthday) Month	Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In faut		WHAT COUNTRY?
Robert Musgrose	Myntle FNNIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mr. Marth First Dag	RESS
18. 344a CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	neared intracronial	Not know
heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO	resure	
ANTECEDENT CAUSES	tomal Kydrocephaler	A 4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		***************************************
(c)		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	PATION	1 20. AUTOPSY?
<		YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from.	P. 1., 1953, to Apr. (, 1953, t	hat I last saw the
	rred at 1045 m., from the causes and on the	
		3c DATE SIGNED
M. D. 24a. BURIAL, CREMA- 24B. DATE TIOMPREMOVAL (Specify) 24C. NAME OF CEMETE		county) (State)
130-141 4-3-53 Baptist Co	emetery Docomone, Di	d.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	HENRY H. Watson, Poco	NOKE, MI
· VS 150		

THE ESTABLISHED TO SELECT THE SELECTION OF S

3 3251

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered \$3 3251

BIRTH NO.	٠١.		CLICITI ICAT	E OF DEAT					
1. NAME OF (Type or Print)					2. DATE OF	1 1			
3. PLACE OF	Kenn	oth R.M	lerson.	11	DEATH	/31/53			
	City, Maryland			A. STATE	ENCE (Where deceased lived B. COUNTY				
B. FULL NAMI	E OF (If not in hospit	al or institu	tion, give street address or location)	Md.		2 47			
INSTITUTION			location)	c. CITY OR TOWN	(If outside corporate li	inits, write RURAL and give			
4-11	809 Unio	n Ave.	37		imore.				
			Yrs. Mos.		ESS (If rural, give location				
5. SEX	stay in Baltimore	7 SINGL	Days E. MARRIED,	8. DATE OF BIRT	Union Ave.	If Under 1 Year If Under 24 Hours			
		WIDOV	VED, DIVORCED (Specify)		last hirthday)	Months Days Hours Min.			
Male.	White CCUPATION (Give kind of		ried	Feb. 24,19	State or foreign country)				
ork done during mos	tof worklog life, even if retired)	Daland	Park Realty Co	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
Foreman 13. FATHER'S	NAME	COLERG	Park Realty Co						
io Allien o	NAME			14. MOTHER'S MA	AIDEN NAME				
15 WAS DECEA	SED EVER IN U. S. ARMEI		1 44 444						
Yes, no or unknows	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
-			213-14-5205	Derethy R.M.	erson 809 Union	Ave.			
18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN			
	ASE OR CONDITION					1			
(This do	LEADING TO DEA'	of dying, e.	s. a Cor	mary i	hrambase	e) 3den)			
heart fai	lure, asthenia, etc. It mea r complication which o	ns the discas	se,	9/					
			, 502.10	0.000					
,	ANTECEDENT CAUS	SES	for-		. 1 1-1 -	3			
DISEAS	DISEASES OR CONDITIONS, IF ANY, GIVING								
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
2	(C)								
	OTHER SIGNIFICANT CONDITIONS CON-								
	DISEASE OR CONDITION				4				
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7			
5	YES NO								
LYING [21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or INJURY OCCUR? INJURY OCCUR?								
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCUR?				
B NSOK	MHILE AT NOT WHILE TO NOT WHILE								
22. I hore	has contifus that I att			10-/ 105	Dalla ADSI 10	53 4h m4 7 7 mm 47			
deceased	deccased alive on 1953, and that death occurred at 2, 1950 to 1953 that I last saw deccased alive on 1953, and that death occurred at 2, 1953 and the date stated about 1953 and the date stated about 1953 and 1953.								
23A. SIGN	ATURE O	, 1020,		3B. ADDRESS	, from the causes and of	23c. DATE SIGNED			
	d. Tren	-re	M. D. /		33 82	H. 2.53			
24A. BURIAL.	CREMA- 24B. DATE	11	24c. NAME OF CEMETE		24D. LOCATION (City, to				
Burial	(Specify)		Woodlawn		Waadlaws Md				
DATE RECEIV	ED BY REGISTRAR	S SIGNATU	Woodlawn JRE	25. FUNERAL DIF	Woodlawn Md.	ADDRESS			
APR?	TRAR	ligiton	7.5.5.415	and the same of th	oweth Jr. 3615-1				
VS 150		0							
			52	374					

In Grenzer 1520 E. 33 rd St. 9-10

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE Infant of Nancy Manning (Type or Print) (606147)March 6, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR The Johns Hopkins Hospital (If outside corporate limits, write RUKAL and give C. CITY OR TOWN township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Infant Mos. 728 North Gay Street - 2 th of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female Negro March 5, 1953 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frazier Manning Nancy Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Hospital Records 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY emakuri To LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILF ATT NOT WHILE WORK deceased alive on March 6, and that death occurred at 12.55%, from the causes and on the date stated above. , 1953, to March 6, , 19 53 that I last saw the 23c. DATE SIGNED The Johns Hopkins Hospital 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CREMA-24C/NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B, DATE

25. FUNERAL DIRECTOR

ADDRESS

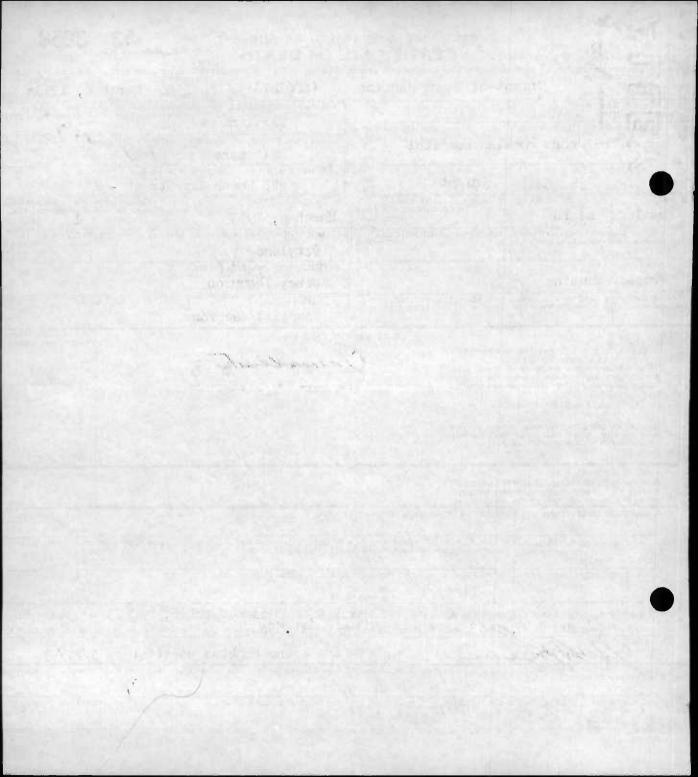
VS 150

DATE RECEIVED BY

OCAL REGISTRAR

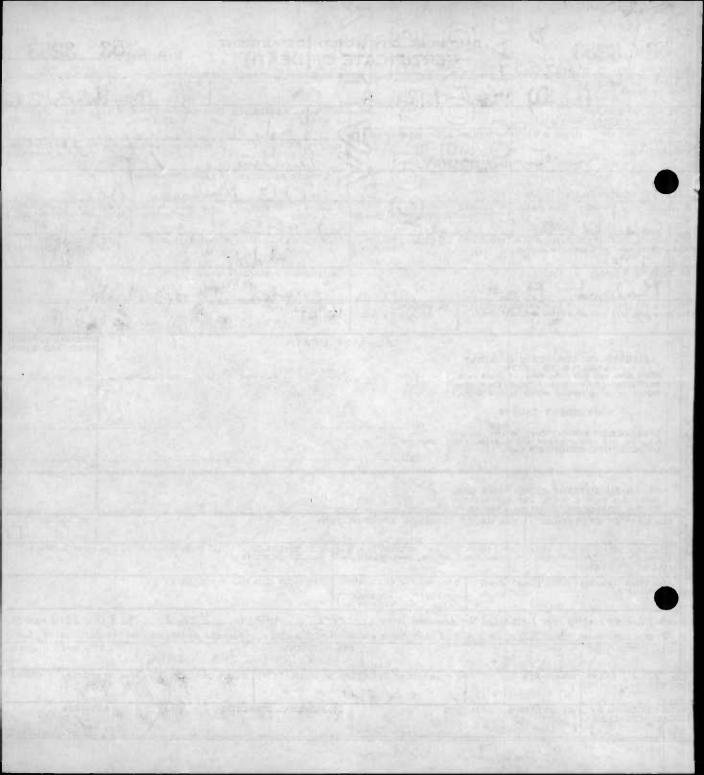
REGISTRAR'S SIGNATURE

unlington



D-000	
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	egistered 53 3253
1. NAME OF DECEASED (Type or Print) Duly Min Dec	m. 127141-
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decer	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside co	rporate limits, write NUL and give
JOHNS HOPKINS HOSPITAL Baltyman	township)
Yrs. D. STREET ADDRESS (If rural, give	location)
c. Length of stay in Baltimore Days 0) 1 5 Rules	(in years If Under 24 Hours
	irth(ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of workind of lob. KIND Of BUSINESS OR II. BIRTHPLACE (State or foreign coursely lobe during most of working life, even if retired)	ntry) 12. CITIZEN OF WHAT COUNTRY?
- hd	WHAT COUNTRY?
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS	
18. 776X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 45
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Balti	more City, give exact location)
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or LYING OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR	?
m. WHILE AT NOT WHILE AT WORK	
	2, 1953, that I last saw the
23a. SIGNATURE 23B. ADDRESS	s and on the date stated above. 23c. DATE SIGNED
M.D. JOHNS HOPKINS HOSP	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF SEMETERY OR CREMATORY 24D. LOCATION	(City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	
ADD ? - 1953 Huntington Williams: Mit	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

PI	RTH N	AKWO"E			CERTIFICA	TE OF DEAT	H Register	ed No	3204
1.		OF DECI	EASED	Sude	Mary		2. DATE OF	11.10.	
		of DEAT	rH: r, Maryland	1 reps	, Margare	4. USUAL RESID	DEATH ENCE (Where deceased live		n: residence efore admission
B.		NAME OF			ution, give street address location		Aryland	limits, write R	
1			Merc	y Hosp	ital	Ba	Tremore L	1-1	township
c.	O _t	h of stay	in Baltimo	re	Yrs Mos Day		ESS (If rural, give location	He #	
5.	SEX	6.	COLOR OR R.	WIDO	LE, MARRIED, WED, DIVORCED (Speci	8. DATE OF BIRTI	9. AGE (in year last birthday)) Months Da	Hours Min.
10	A. USU.	AL OCCU	PATION (Give)	indof IOB. KIN	ND OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)		IZEN OF
	14.	moley-	ine	Own.	home INDUSTR	May	yland	Jw	5 SUNTRY
13	. FATH	ER'S NAM	nru l	andel		14. MOTHER'S MA	robe 1.6	GNL 1	
15 (Yes	WAS D	ECEASED E	VER IN U. A. A. (If yee, give war o	RMED FORCES? or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS	4
	N	0	Non	£ .	SECURITY NO.	Miss.Levis	e E-Krebs-724 W	Cabe /	ive.
	18. 4	120.				OF DEATH		INTE	RVAL BETWEEN
	(Th	is does no	t mean the m	ON DIRECTL' DEATH ode of dying, e	. g., (A)	ective Reart 9	ribue : humis	j	days
	hea	rt famure, s	asthenia, etc. I	t means the disc ich caused dea	ase.				
7		AN	TECEDENT O	CAUSES	Artes	is releastie to	unt Philase	R	er. Was
Š	DIS	EASES OF	R CONDITION	NS, IF ANY, GIV	ING				
SAT	UN	DERLYIN	G CONDITIO	N LAST.	(C)		······································		
IFIC			11						
ERT	TRI	BUTING TO	THE DEATH.	NDITIONS CO BUT NOT RELA TION CAUSING	TED				
֓֞֝֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓			PERATION		R FINDINGS OF OP	ERATION		20.	. AUTOPSY?
CA	210	ACCIDENT	T MAS LINDS	D 1 210 B	LACE OF INJURY (-	in all ale WHERE	OLD (If in Polyloner Ci	. YES	
VEDI	LYIN		T WAS UNDE ONTRIBUTIN ATH		LACE OF INJURY (e. g			ity, give exact	location)
	2ID. T	IME (Mo	nth) (Day) (Year) (Hour)	21E. INJURY OCCUR	Mark Carlot Street Control of the Co	INJURY OCCUR?	THE TOTAL	
				m.	WHILE AT NOT WHILE WORK AT WORK				
	22. I	hereby c	ertify that.	I attended th	e deceased from		3, to Spril 1 , 1	953, that I	last saw th
			on you	/ , 1953	. and that death oec		, from the eauses and o	on the date	stated above
	/	Int u	in d. P.	alau	м. D.	23B. ADDRESS THORY	Korpital	4/1	ATE SIGNED
710		RIAL, CRE	MA- ify) 248. DA		24c. NAME OF CEME	TERY OR CREMATORY	LOCATION (City, t	to: Co.H	(State)
		CEIVED E		RAR'S SIGNA		STEUNERAL DIE	TA, TAC -1735 Ha	ADDRE	SS

the state of the second of the second of the second of the second A STATE OF THE PARTY OF THE PAR Mindigials. of the sale which are not that -. out, and . . whose

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) TENNIE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR OR TOWN (If outside corporate MmRs, write RURAL and give INSTITUTION OSPITAL SINA MOZ Yrs. D. STREET ADDRESS. (If rural, give location Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH AGE (in years | Monder | Year | Muder 24 Hours | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) wedow 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR ETHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, men if retired) INDUSTRY WHAT COUNTRY? ouse wa 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 7. INFORMAN ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 53, 19 , that I last saw the deceased alive on 3/3 6 19. 3. and that death occurred at, Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c., DATE SIGNED

24C NAME OF CEMETERY OR

FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE .

Hurtington

24D. LOCATION (City town, or county)

(State)

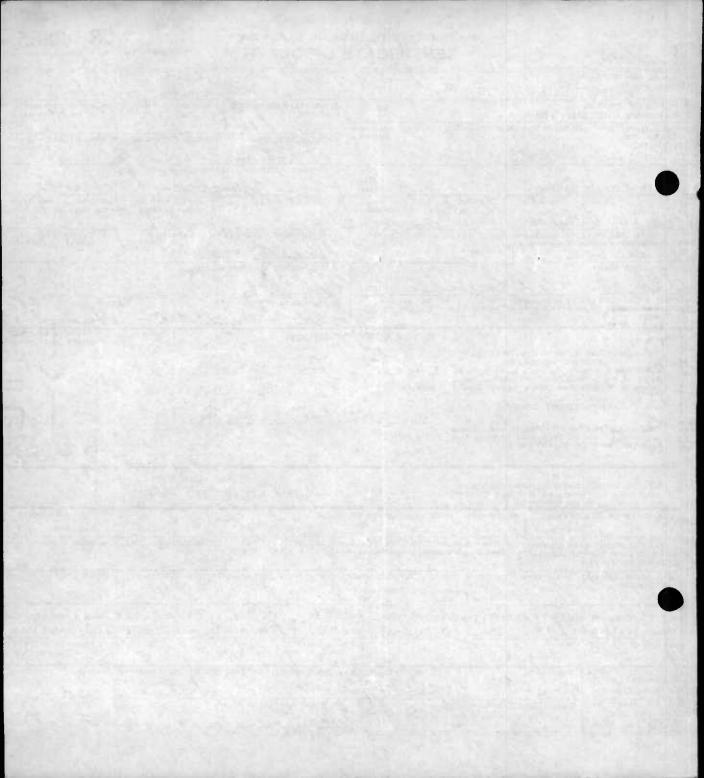
ADDRESS

VS 150

. BURIAL, CREMA-

DATE RECEIVED BY

LOCAL REGISTRAR



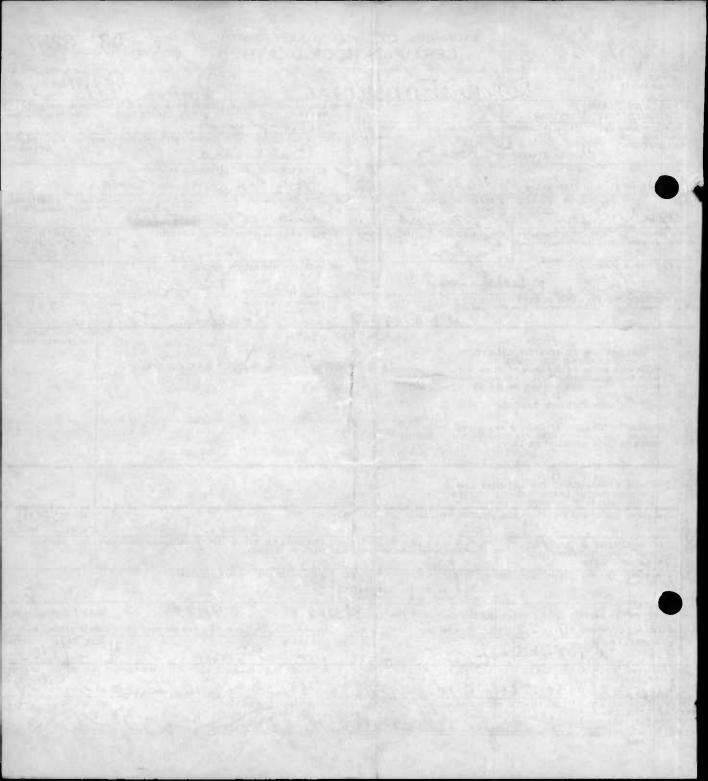
CORRECTED 4-7-53 BALTIMORE CITY HEALTH DEPARTMENT RegisteredN CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH W 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, A RURAL and give township Yrs. D. STREET ADDRESS (If rural, give location) gth of stay in Baltimore -Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. AXX CA. USUAL OCCUPATION (Give kind of Middle of Authors of Marking life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? revulor 13 ATHER'S NAME 14. MOTHER'S MAIDEN NAME Manue 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL ludies YES ND 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby eertify that I attended the deceased from 3-27-53, 19, to 3-31-53, 19, that I last saw the deceased alive on 3-3/-53 19 and that death occurred at 510 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24D. LOCATION DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR 1KD 2 (00 VS 150

3 3257 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$3 3257

I. (T	NAME OF D	ECEASED	D	AVID	FREDI	IAN	2. DATI OF DEAT		4/1/3	53
	PLACE OF DE Baltimore					4. USUAL RESIDEN	ICE (Where decea			residence re admission)
В.	FULL NAME	- /		al or institutio	n, give street address o		amol			
11	STITUTION	Um	versu	K X	No Account	C. CITY OR TOWN	(If outside con	porte im	its with the least	township)
c.	th of si	tay in Bal	timore	401	Yrs. Mos. Days	D. STREET ADDRESS	S (lf rural, give	0	ue,	
5.	male	6. COLOR			MARRIED. D, DIVORGED (Specify	8. DATE OF BIRTH	9. AGE last b	(in years irthday)	H Under Yens Ionths Days	H Under 24 Hours Hours Min.
I C	A. USUAL OC	CUPATION	(Give kind of		OF BUSINESS OR INDUSTR	11 BIRTHPLACE (Sta	te or foreign coun	(ry)	12. CITIZI	
			vou ii reurou)	Jail	~		1	2	"u	COUNTRY
	S. FATHER'S N	ser	Fre	redme	en dolling)	14. MOTHER'S MAIL	Pecu	l		
15 Ye	MAS DECEASE	O EVER IN (If yes, giv	U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	00-1	T.	ADDRESS 3	3919
	18. 420	. 1		p		OF DEATH	eldruan	Tel		AL BETWEEN
	700	E OR COL	NOITION	DIRECTLY	0,1002	o. DEATH	1.	V F.	ONSET	AND DEATH
	(This does heart failu	LEADING not mean t re, asthenia,	the mode of etc. It mea	FH of dying, e.g., ns the disease, aused death.)	0	occupial J	mfaraly	'n		
		ANTECEDE			502.10				A1 .05	
	N-25-10				(B)	***************************************	***************************************	***************	**********	
2	RISE TO TI	HE ABOVE O	AUSE (A)	F ANY, GIVING STATING THE	DUE TO					
5					(C)			***************************************		*************************
111	OTHERS		II COMPI	TIONS CON-						
7 2	TRIBUTING	TO THE DE	ATH, BUT	NOT RELATED						
J	19A, DATE O	F OPERAT	ION 1	9B. MAJOR	FINDINGS OF OPE	RATION			20. A	UTOPSY7
5				L ata BLAC	SE OF IN HIRY (-	n or 21c. WHERE DID	/If to Thetat	C'A	YES	NO
מות ב	21A. ACCID LYING OF CAUSE OF	CONTRIB	UTING	about home, far	CE OF INJURY (e. g., m,factory,street,office bldg.	etc.) INJURY OCCURT		more City,	give exact l	ocation)
	21D. TIME (OF INJURY	Month) (D	ay) (Year)		IE. INJURY OCCUR		NJURY OCCUR	?	12 30	
					NORK NOT WHILE					
				ended the d			to 4/1/5°			
	deceased al		1/33	<u>, 19 a</u>		rred at 12:25 m., f	rom the causes	and on		TE SIGNED
		2 you	-ade	orger	м. р.	2hmv. 94	oup.		4	1/53
2/	4A. BURIAL, CON REMOVAL (S	REMA 24	B. DATE	2.	C. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION	(City, tow)	n, or county)	Balla (State)
_	ATE RECEIVE	4/	Muil	2453	Februs 19	walde Centy	Hamel	low	au j	ma
	DCAL REGIST		GISTRAR'	· Ja	Will: WAR AR	25. FUNERAL DIRECT	, R	. 2	ADDRESS	11-26 4.
-	VS 150	1	Theel	region	VERMANDE, M	SOL AUGU	mont vary		ina	and
				U	Tan	4/-				
					370	74				



520

CERTIFICATE OF DEATH Registered 33 3258

B	RTH NO.						
(T	NAME OF D 'ype or Print)	302	14 5.			2. DATE OF DEATH	3/30/53
A.		Jity, Maryland		EQUARE HOSP	111 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NCE (Where deceased lived B. COUNTY	If institution: residence before admission)
B.	FULL NAME	OF (If not in hospit	tal or institut	ion, give street address or location)	MARY		2 Vilano Company
IN	STITUTION	TONNWIIN	SOULAN	E HOSPITAL			mits, write RURAL and give township)
3	1	TRANKLIN	SOUTH	E HUSTILAL	BALTI	MORE	to whamp)
	0		/	Yrs.	D. STREET ADDRE	SS (If rural, give location)	
c.		tay in Baltimore	Lufe	Days		NUT AVE	53.00
٥.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours Min.
E	MALE	WHITE		RRIED	APRILE 18	77 55	and the same of th
10	A. USUAL OC	CUPATION (Give kind of	108 KIND	OF BUSINESS OR		tate or foreign country)	1 12. CITIZEN OF
rorl		of working life, even if retired)		INDUSTRY			WHAT COUNTRY?
	HOUS &	WORK	AT	HOME.	MARX		USA
13					14. MOTHER'S MAI		
1.6		LLIAM S			TRES	SIE UAR	RETT
Ye	, no or unknown)	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	~		NONE	ROSCOE C	JONES 6 W	ALNUT AUE.
	18. 50	n V			OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		remia		ONSET AND DEATH
	(This does	LEADING TO DEA		Z., (A)	rema		
	heart failu	re, asthenia, etc. It mes	ans the diseas	e,			****
1	mjury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAUS	SES	61	00	obretis chr	
Z				(B)	we - me	ources care	rae
2	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	IG IE DUE TO			A STATE OF THE STA
<	UNDERLY	YING CONDITION L	AST.	12 502 10			
ט							
-		11		(C)	*******************************		
2		IGNIFICANT COND					
Щ		TO THE DEATH, BUT					
-				FINDINGS OF OPER	ATION		20. AUTOPSY?
		0					YES NO
3	21A ACCIDE	NT, SUICIDE,	1 219 01 4	CE OF INJURY (e. g., i	or 21c, WHERE DI	D (If in Poltimore Cit	y, give exact location)
֡֟֟֝֟֟֟֟֝֟֓֓֓֓֓֓֓֓֟֟֓֓֓֓֓֓֓֓֓֓֟֟֓֓֓֓֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓	HOMICIDE	(Specify)		erm, factory, street, office bldg.,		R?	y, give exact location;
Σ	21p. TIME /	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 215 HOW DID	INJURY OCCUR?	
	OF INJURY	(May) (May)			ZIF. HOW DID	MOOK! OCCON!	
			m.	WHILE AT WORK AT WORK			
	73 I homaha	as acoutifus that I att	on dad tha	deceased from 3	/19 ,1953	to 3/30 10	Sthat I last saw the
		7 / 4 .			- '	, 10	•
	deceased al	The state of the s	, 19_5,			from the causes and or	the date stated above.
	23A. SIGNAT	and?	ne -		Jan. Appress Thank!	in Juane 1.	23c. DATE SIGNED
2	Y	X				"	200
411	A. BURIAL, C	CREMA- 24B. DATE	1:	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	wn, or county) (State)
111	A. BURIAL, CON REMOVAL (S	CREMA- 24B. DATE pecify)			The second secon		
	BURIAL	- APRIL 2	1953	LOUDON PARI	The second secon	FREDERICK	wh, or county) (State)
D	GJRIA L	D BY I REGISTRAR	1953	LOUDON PARI	The second secon		
D	BURIAL	APRIL 2 D BY REGISTRAR'	1953	LOUDON PARI	The second secon	FREDERICK	

Sometiment of the second of th

PLEASE WRITE

The

53	R-262 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere 5.3.	3259			
1. (T:	NAME OF DECEASED ype or Print) THOMAS Leo ROGERS 2. DATE OF DEATH March	31, 1953			
	PLACE OF DEATH: Baltimore City, Maryland Baltimore City	titution : residence			
B. HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR ISTITUTION Maryland C. CITY OR TOWN (If outside corporate limits,	rite KURAL and give			
-	Baltimore City Hospitals Baltimore Yrs. D. STREET ADDRESS (If rural, give logation)				
	Length of stay in Baltimore Life Mos. Days 2611 Kirk Avenue				
1	Male White WIDOWED DIVORCED (Specify) August 20, 1908 last birthday) Month	der I Year II Under 24 Hours ns: Days Hours Min.			
work	Bricklayer Bethlehem Steel Co Maryland	WHAT COUNTRY			
13	Father's NAME Shipped 14. MOTHER'S MAIDEN NAME Agnes Williams	7			
	. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) SECURITY NO. 213-09-4163 Mrs Frances D Rogers 2611 Kin	rk Ave			
ERTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Asphyxia due to aspiration of blood massive hemorrhage due to pulmonary tuberculosis, bilateral (B) DUE TO (C)	INTERVAL BETWEEN			
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
1 C	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	YES X NO			
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e. g., in or underlying or contribution of cause of death. 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give labout home, farm, factory, street, office bldg., etc.)	e exact location)			
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT NOT WHILE AT WORK Th. WORK				
	22. I certify that I took charge of the remains described above, held an Partial Autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes \(\mathbb{P}\), accident \(\preceq\), suicide \(\preceq\), homicide \(\preceq\). und	thereon and from day stated above letermined .			

238 CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Buria

23A. SIGNATURE

Parkwood Cemetery

24c. NAME of CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR April 5,1953 REGISTRAR'S SIGNATURE

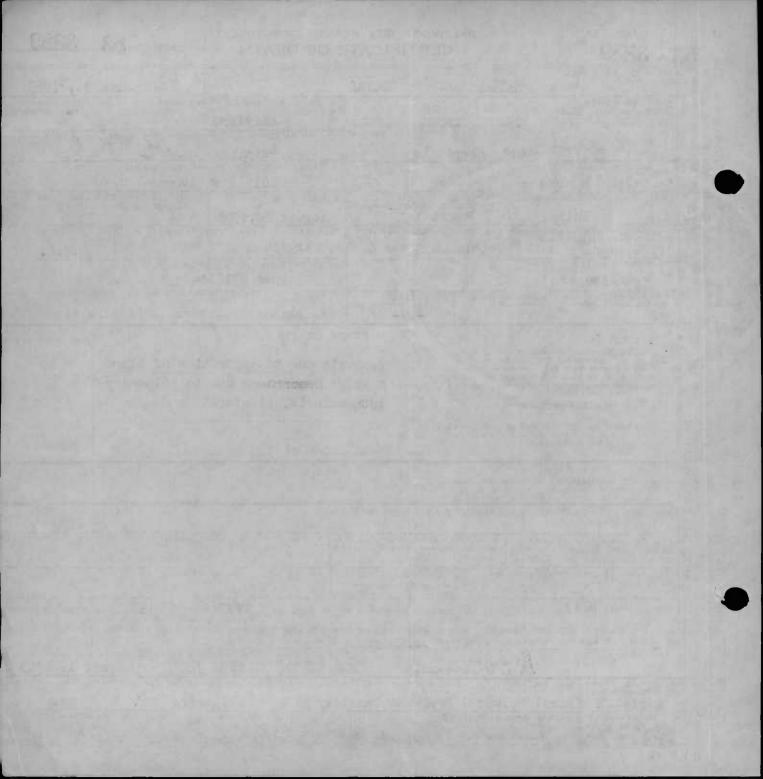
untingion

24B. DATE

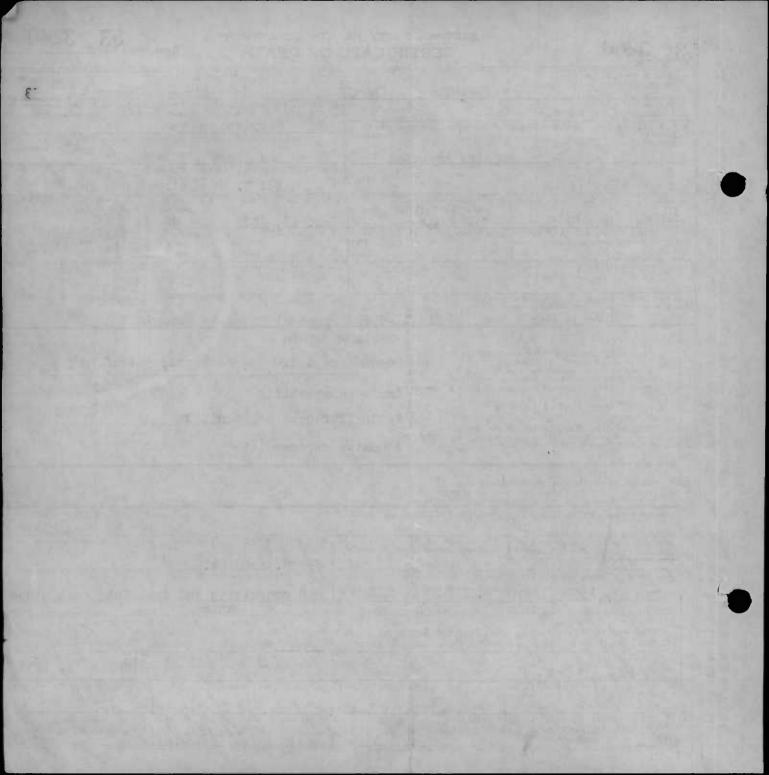
25. FUNERAL DIRECTOR

Md. ADDRESS

V S 151



G-67	20			EALTH DEPARTMENT E OF DEATH	Registered No.	3260
1. NAME OF D	ECEASED				I 2. DATE	
(Type or Print)		ALBER	r GEORG	ਕ. ਕ.	OF	30 1052
3. PLACE OF D	EATH: City, Maryland	ADDEIL.	1 GEORG	4. USUAL RESIDENCE (DEATH March Where deceased lived. If inst B. COUNTY	
8. FULL NAME HOSPITAL OR		al or institution	n, give street address or location)	Maryland		. "
INSTITUTION	Tohna II	Contribut I			f outside corporate limits,	rite RURAL and giv township
	Johns H	lopkins l	Yrs.	D. STREET ADDRESS (I		
	tay in Baltimore		Mos. Days	831 S. Be	ond Street	
5. SEX	6. COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years 1 Und	ei i Year If Under 24 Hours is: Days Hours: Min.
Male	White		5 ,	Jan. 19, 1891	62	
work done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	oreign country) 12	. CITIZEN OF WHAT COUNTRY
Seaman				Kansas 14. MOTHER'S MAIDEN N	IAME	
			MANUAL PROPERTY.	14. MOTTER 3 MAIDEN IN	AME	
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL	17. INFORMANT	ADDI	RESS
Yes	World War I	Of Hervice)	212-16-6586	Personal Papers		
18. E 90	3.0		CAUSE	OF DEATH		INTERVAL BETWEE
DISEAS	E OR CONDITION I	DIRECTLY	Second	and third degree	huma FOO of	
(This does	not mean the mode of	f dying, e.g.,	(A)	and unitu degree	burns, 50% of	pouy
	complication which es			pancreatitis		
	ANTECEDENT CAUS	ES			t+4 m	
Z DISEASES	S OR CONDITIONS, IF			ibrinous periton	TATE	
	ING CONDITION LAS			e pericarditis		
	11		(0)			
OTHER S	II IGNIFICANT CONDITION TO THE OBATH, BUT I					
TO THE D	SEASE OR CONDITION	CAUSING IT.				
	F OPERATION 19	BB. MAJOR F	FINDINGS OF OPER	ATION		20. AUTOPSY?
	NAL CAUSE WAS	21B. PLAC	E OF INJURY (e. g., in	or 21c. WHERE DID (tc.) INJURY OCCUR?	lf in Baltimore City, give	
	AUSE OF DEATH.		ome	831 S. Bond S	t.	
OF INJURY	Month) (Day) (Year)		E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
March 27	, 1953 4:0		ORK NOT WHILE		n and fell into	coal stove
22. I certij	y that I took charg	ge of the re	emains described a		topsy Inspection or Inquiry	hereon and fron
the evi	dence obtained by	said Autopa	sy, Inspection or I	nquiry, find that said d	cceased died on the a	day stated above
23A, SIGNAT		a A	m. natural canaca	238. CHIEF MEDICAL	EXAMINER 23c. E	DATE SIGNED
24A BUDIAL C	a Month	1		D. MEDICAL INVESTIGAT	OR .	h 31, 1953
24A. BURIAL. C	pecify		C. NAME OF CEMETER		OCATION (City, town, or o	county) (State)
Burial DATE RECEIVE	April 3	CICALATCIE	Baltimore Nat	ional Ceme 550		DDRESS
LOCAL REGIST		~ Mill	STIME STORY	Harris B	Moher 705	1 Aug 1
V S 151	6	7	33 //	mode. a	Walter 109	7 67775 9



BALTIMORE CITY HEALTH DEPARTMENT Registered 33 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) KICHARD DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside cornorate limits write R RAL and give C. CITY OR TOWN INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. th of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years) AGE (In years If Under I Yest If Under 24 lious last birthday) Months; Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)

13. FATHER'S NAME INDUSTRY WHAT COUNTRY 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL ADDRESS CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS

19A. DATE OF OPERATION

21A ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, o lice bldg., etc.)

YES 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

WHILE AT

97

701953 to_

WORK AT WORK

22. I hereby certify that, I attended the deceased from. 1953, and that death occurred at 8 deceased alive on_

23A. SIGNATURE м. п.

23B. ADDRESS 24D. LOCATION (City, town, or county)

Pm., from the causes and on the date stated above.

23c, DATE SIGNED

1953, that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

(State)

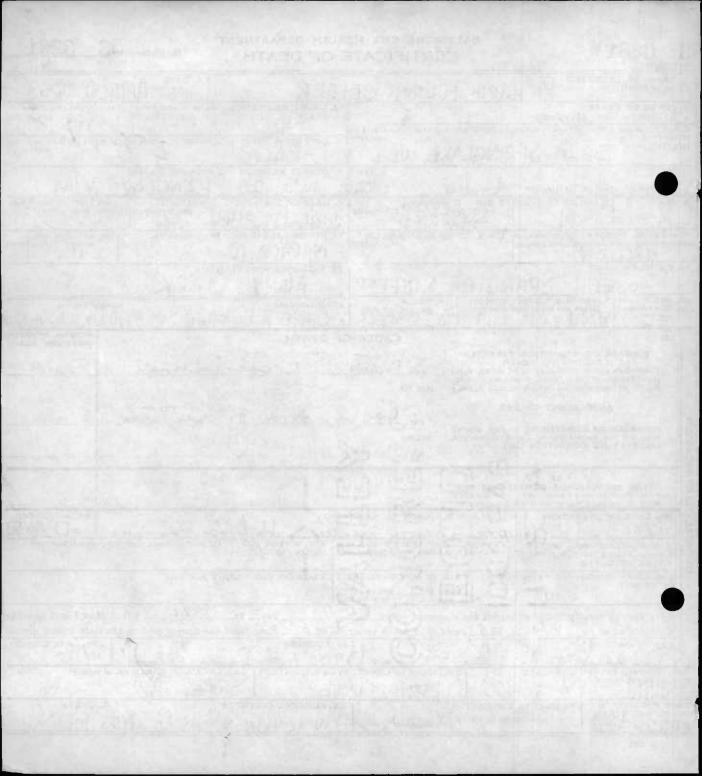
SURIAL DATE RECEIVED BY LOCAL REGISTRAR

EDICA

REGISTRAR'S SIGNATURE

ADDRESS

VS 150



3362 BIRTH NO. 23-08240 CERTIFICATE	
1. NAME OF DECEASED (Type or Print) Baby Boy Miller	2. DATE OF DEATH 4-1-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION St. Agmes Hospital	c. CITY OR TOWN (If outside corporate limits, we to RURAL and give lownship) Baltimore
Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 2405 Georgetown Rd. #30
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years li Under 1 Year Months Days Hours Min. 1 day old: 1 day old: 1 day old: 9. AGE (In years li Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Kenneth Miller	14. MOTHER'S MAIDEN NAME Adele Watts
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Huns haller & 444 House In All Roll 30 200
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	malurely placement
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., to CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY INJURY MHILE AT NOT WHILE AT WORK	21F, HOW DID INJURY OCCUR?
	3 1, 1953 to 4, 1943 that I last saw the red at 1. 1 pm., from the causes and on the date stated above. 3B. ADDRESS St. 0444 H. 1 2 23C. DATE SIGNED 123C. DATE SIGNED 124D. LOCATION (City, town, or county) (State) 25. FUNERAL DIRECTOR ADDRESS L. 124D. ADDRESS L. 124D. ADDRESS L. 124D. ADDRESS
VS 150 4.	

THE ACT OF STADISTINGS

-650 53 3263

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3263

BIL	TH NO.	A				
1. (Ty	NAME OF DECEASED pe or Print)	LESSIE	S. Gryre	U	2. DATE OF DEATH	ril-1-53
	PLACE OF DEATH: Baltimore City, Marylan	d 3/4/ Oc	Bell aver	4. USUAL RESIDENCE		institution: residence before admission)
HO	ULL NAME OF (If not in SPITAL OR STITUTION	hospital or instituti	on, give street address or location)		If outside corporate limi	ts, write KURAN, and we
TIVE	STITUTION	atho	m41	130ch	limore,	(cownship)
c.	gth of stay in Baltime	ore Porker	16150 Yrs.	D. STREET ADDRESS (of rural, give location)	
5.5	6. COLOR OF	RACE 7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years leat birthday) M	If Under 1 Year If Under 24 Hours onths Days Hours Min.
100	maw wys	4 24	male	10011619	404 /3	
rork	. USUAL OCCUPATION Give done during most of working life, even if	retired)	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	1 7	one	14. MOTHER'S MAIDEN	NAME	4.5.
	zenta	nscow		zinten	well	
15. (Yes,	WAS DECEASED EVER IN U.S. no or waknown) (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT		DDRESS O.
_	NO NO) (2/6-07-6078A	V. M. Slone M.	ma 11810 to	mikelle of:
	18. 450.0		CAUSE	OF DEATH Y		ONSET AND DEATH
	DISEASE OR CONDIT	DEATH		Jesi Oit		
	(This does not mean the r heart failure, asthenia, etc. injury or complication w	It means the disease	2,		7	***************************************
	ANTECEDENT		, 502 10		WALL SHA	
z			(B)	believe sel	arosio	Mukenows
읽	DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION	E (A) STATING TH	G E DUE TO			
UA	UNDERLYING CONDITIO	JN LAST.	(C)	•••••••••••••••••••••••••••••••••••••••		
	il					
ER	OTHER SIGNIFICANT C TRIBUTING TO THE DEATH, TO THE DISEASE OR COND	BUT NOT RELATE	D			
, -	19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20, AUTOPSY?
Į.			75-75-76-1			YES NO
4EDIC	21A. ACCIDENT WAS UND LYING OR CONTRIBUTION CAUSE OF DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,		(If in Baitimore City,	give exact iocation)
	21D. TIME (Month) (Day) OF INJURY	1	VHILE AT WORK AT WORK		RY OCCUR?	
	22 I havely and for the	m.			12.10 . 106	541-471-4
	22. I hereby certify that deceased alive on Up	10 .		red at 7, 1952, to C	/.	I that I last saw the he date stated above.
ľ	23A. SIGNATURE	, , , , , ,		23B. ADDRESS		23c. DATE SIGNED
24	A. BUNAL, CREMA- 24B. D.	borough	M. D.	2923 M Jan	M. Comment	4/2/53
TIO	NEMOVAL (Speciev)	14/53	24c. NAME OF CEMETE	on Jark /	Eally Cally	(State)
DA	CAL REGISTRAR	tington	Hieme S	25 FUNERAL DIRECTOR	ments. 10	8W Horth
	VS 150	73	W			

BALTIMORE CITY HEALTH DEPARTMENT Registered 23 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUM RESIDENCE (Where deceased lived, If institution, residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or If outside corporate limits, write RURAV and give HOSPITAL OR JOHNS HOPKINS HOSPILAL INSTITUTION township) of rural vive location Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years) If Under 1 Year 7. SANCLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE la birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work do no during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR WHAT COUNTRY INDUSTR 4.24 13. FATHER'S NAME MOTHER'S MAIDEN NAME Menoux 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS HOPKINS HOSPITAL SECURITY NO. 16-3022 INTERVAL BETWEEN 420.0 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arterioscleritic heart disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cerebral embolus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 3 -19 that I last saw the m. from the causes and on the date stated above. 1953, and that death occurred at deceased alive on 3 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

	2	5	5
53	3	26	35
BIRTH	NO.		
1 NAN	AF O	F D	FCFAS

BALTIMORE CITY HEALTH DEPARTMENT

03 3200	CERTIFICATE	OF DEATH	Registered No.	১ ব্রহ্মত		
BIRTH NO.						
Type or Print) Regiment	Labriele REGIME	NTI	2. DATE OF DEATH	31-53		
B. PLACE OF DEATH! A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	here deceased lived. If ins	titution : (sidence before admission)		
B. FULL NAME OF (If not in hospital or in	stitution, give street address or location)	C. CITY OR TOWN US	outside corporate limits, v	rite RMRAL and give		
Institution Sinai Hos	pital	Bultin		township		
c. th of stay in Baltimore	Yrs. Mos. Days	1765 6.11	-1 /1	#13		
male lockite wi	NGLE, MARRIED, IDOWED, DIVORCED (Specify)	1-30-1894		br Ven Huden 24 Hours Days Hours Min.		
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	ailor Shop	11. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY		
13. FATHER'S NAME	(M)	14. MOTHER'S MAIDEN NA	ME			
Vincenzo Regimenti		Adelina Vel	lanucci			
15. WAS DECEASED EVER IN U. S. ARMED FORC Yos, no or unknown) (If yes, give war or dates of servi	16. SOCIAL 217-07-7911	17. INFORMANT Mary Regimenti	1765 E.Not	th Ave		
18. 600.0	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECT	CTLY		1 ^	ONSET AND DEATH		
LEADING TO DEATH	P 1. l	1100,000011 (10)	and Por			
(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused		nday Kenorhoge.				
ANTECEDENT CAUSES	-	1 1 1 1	/1			
DISEASES OR CONDITIONS, IF ANY,	(B)	at hemine phre	cromy			
RISE TO THE ABOVE CAUSE (A) STATIL						
	(C)	······································				
II .			٨			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED Hyperfor	rive cardio-v	as endar clis	•		
	AJOR FINDINGS OF OPER		0	20. AUTOPSY?		
3 27 53 2 Hars	hoe- ridney = c			YES NO L		
	a. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		f in Baltimore City, giv	e exact location)		
21D. TIME (Month) (Day) (Year) (Hour OF INJURY		ED 21F. HOW DID INJURY	OCCUR?			
	m. WHILE AT NOT WHILE					
22. I hereby certify that I attended	the deceased from Ma	ch 19 1953, 10 71	rer31,1957	that I last saw th		
deceased alive on / Kar 3/, 19	3. and that death occur	red at 12 m., from th				
23A. SIGNATURE PO O OL	erry sou M. D. 2	38. ADDRESS	ital	3/31/53		
24A. BURIAL. CREMA-I 24B. DATE	44C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or	county) (State)		
Burial April 4 19	53 Baltimore C		rth Ave & Ro			
DATE RECEIVED BY REGISTRAR'S SIG		7. FUNERAL DIRECTOR		DDRESS		
ADD 2 - 1057 Hunting	on Vibrialism, Non	Frank Della VE	ee 322 B	.High St.		
		THE THEORY WE				

590 6€

VS 150

THE RESIDENCE OF THE PERSON OF THE PARTY OF were the total description of the state of t

1	53 3266,49.16/ 07 CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	3266
1.	NAME OF DECEASED ANTON Mc CRAY		2. DATE OF BEATH 3.31	. 53
А.	PLACE OF DEATH: Baltimore City, Maryland Galtimore FULL NAME OF (If not in hospital or institution, give street address or	1 STATE OF THE	The second secon	ution: residence before admission)
	SPITAL OR University Hospital location	Baltum	rore	te RURAL and give township)
) c.	th of stay in Baltimore 3 1/2 Yrs. Moc. Depo	D. STREET ADDRESS (If	er ct.	100
	M 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Single	6.29.50	9. AGE (In years finder last birthday) Months 3 y~s	
work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Mc Cray	14. MOTHER'S MAIDEN NA		
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mother, S.	ame add	ss
ERTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	arachnoid oneho-prie as nophili ty degenua	haersonia a, Amaem	93 day
CERTII	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		If in Baltimore City, give e	xact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURE WHILE AT WORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended the deceased from 3. deceased alive on 3.31, 19.53 and that death occu 23A. SIGNATURE	rred at 4:45 Am., from to		
	A. BURIAL, CREMA- N, REMOVAL (Specify) A 4 5 7 3 7 7 3 7 7		ocation (City, town, or contimore Co.,	unty) (State)
DA LC	TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR Tunturyton Williams My VS 150	75. FUNERAL DIRECTOR		Didde

AND THE PARTY OF T To the first the second of the The State of the S SHIP APPARENT A STREET

DATE RECEIVED BY

LOCAL REGISTRAR

S

REGISTRAR'S

Registered No. March 30, 1953 B. COUNTY before admission) (If outside corpo ate limits, write RI RAL and give township) 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? SA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO X (If in Baltimore City, give exact location)

23c. DATE SIGNED

Md.

ADDRESS.

March 30.

25. FUNERAL DIRECTOR

mid white

4415

BALTIMORE CITY HEALTH DEPARTMENT

3	3.26 ATH N3.26	8		CERTIFICATI	E OF DEATH	Registered Ses	3250			
	NAME OF D Type or Print)		es M. I	Flavin		2. DATE OF March 3:	1/53			
B.	FULL NAME	OF (If not in hospit		on, give street address or location)	A. STATE	Where deceased lived, If instit B. COUNTY outside corporate limits wri	ution: residence before admission) CRULAL and give			
11	SITIOTION	3306 Bright	on St		Baltimore	0	township)			
C.		tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location) 3306 Brighton St					
Male W. WIGO			7. SINGLE	MARRIED, ED DIVORCED (Specify)	July 29/82	9. AGE (In years li Under last birthday) Months	Year H Under 24 Heurs Days Hours Min.			
307		CUPATION (Give kind of or working life, even if retired)		of Business OR INDUSTRY	11. BIRTHPLACE (State or f		WHAT COUNTRY?			
	B. FATHER'S				14. MOTHER'S MAIDEN NAME					
_	Fla				Unknown					
	5. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ss N.Y.			
					m.Flavin, (Nep	hew) S	yracuse			
ERTIFICATION	heart failt injury or DISEASE RISE TO 1 UNDERL'	s not mean the mode are, asthenia, etc. It mes complication which ANTECEDENT CAU S OR CONDITIONS. THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT CONDIG TO THE DEATH, BUT	ans the disease caused death. SES IF ANY, GIVIN STATING TH AST. ITIONS CON		ular Disea					
U	TO THE D	SEASE OR CONDITION	CAUSING I		PATION		20. AUTOPSY?			
EDICAL	21a. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., is		If in Baltimore City, give e	YES NO Xact location)			
Σ	21b. TIME OF INJURY	(Month) (Day) (Year	ED 21F, HOW DID INJUR							
	22. I hereby certify that attended the deceased from , 150, to March 3(, 195 That I last saw the deceased alive of the last saw the last saw the last saw the deceased alive of the last saw the last									
31	4A. BURIAL, ON REMOVAL (S ITIAL	Specify) April	3/53	Landon	RY OR CREMATORY 24D.L	Beetimer	, Ind.			
L	ADR 2 -	D BY REDISTRAR	S SIGNATU	Higues M. 97	25/FUNERAL DIRECTOR	to Ke HO GO	moudsex			
	VS 150		3	50	58V	0	aue.			

AND THE PROPERTY OF THE PARTY O t o and the state of MARKET BOLLEY STORES TO SERVE STORES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF rida Minerva Carrick DEATH 4-2-53 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Baltimore City A. STATE Md. B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate Amite-write RIV AL and give 5116 Gwynn Oak Ave. township) Baltimore Yrs. p. STREET ADDRESS (If rural, rive location) Mos. c. Length of stay in Baltimore Life Davs 5116 Gwynn Oak Ave. 9. AGE (In years H Under 1 Year Inst birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Aug. 30, 1872 Female White Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Royston William Isaac Carrick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) None A. Louise Carrick No CAUSE OF DEATH 5116 GWynn Oak Ave INTERVAL BETWEEN 18. DISEASE OR CONDITION DIRECTLY (A) Coronary Occlesse
(B) Carder-vascula-reval LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY MEDICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE tale 13 . 195 That I last saw the 22. I hereby certify that Lattended the deceased from deceased alive on Coul 2, 1953, and that death occurred at \$40 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Deruid Ridge Cemetery Burial 4-6-53 Pikesville Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

Juntinglow

Liberty Heights Ave.

ill erenreleit

Villel te hop above

noing of the Avenue of the Ave

ALTO ANALYSIS

the Course had been

A STATE

algali pilo alea

In Name O Course I at 12 to 12 to 1

-0-4

. In elastrone bit i verbranet en 6.25 heres (1

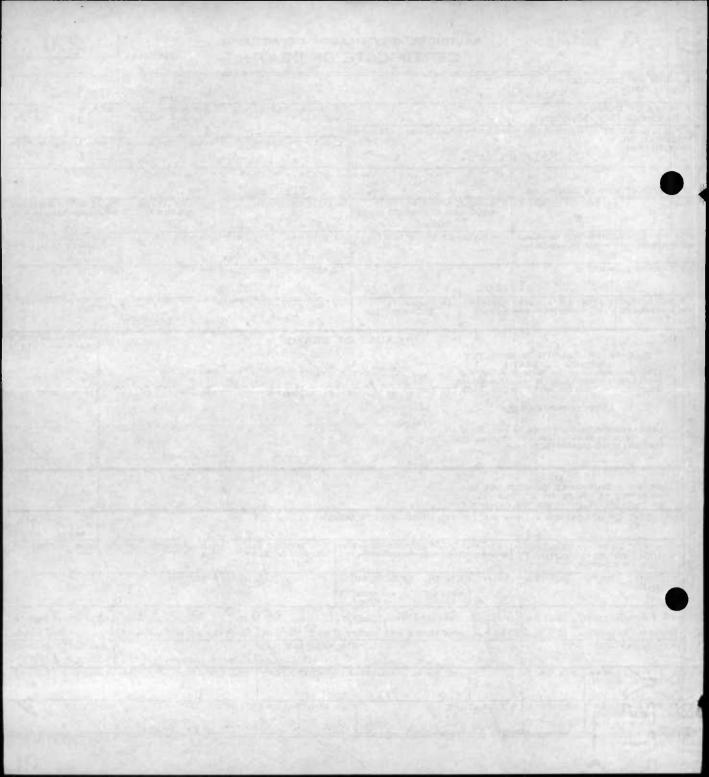
. WE SEE THE TAX SECTION DOOR

C-636 3270

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3270

B	RTH NO.								
(T	NAME OF C ype or Print)	ANN	IE W. C	ARTER	2. DATE OF DEATH Mar. 31, 1953				
	PLACE OF E	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
	FULL NAME	OF (If not in hospit	ai or institut	ion, give street address or	Md.				
IN	SPITAL OR			location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
1	-0	911 Belgi	an Ave.		Baltimore 27-10 township)				
-				Yrs.	D. STREET ADDRESS (If rural, give location)				
-	orth of s	tay in Baltimore		Mos.	911 Belgian Ave.				
5.	SEX	6. COLOR OR RACE	7 SINGL	Days E. MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours				
	F	WF.	WIDOV	VED, DIVORCED (Specify)		last birthday) M	onths Days Hours Min.		
_		N.		idowed	Sept. 11, 1868 85				
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF		
	Ho	OM & OT RING HIS, SVEIL IT FEUTES)	-	INDUSTRY	Baltimore.	Md.	WHAT COUNTRY!		
13	. FATHER'S		1		14. MOTHER'S MAIDEN NAME				
			1.						
		bert M. Eccl			Mary Bu	rke			
	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI		16. SOCIAL	17. INFORMANT	A	DDRESS		
(20	No	(1.) (1.) (1.) (1.)	s or sor vicey	SECURITY NO.	Mr. Carl W. Waters 966 NorthHill Rd.				
	18. 1/1/	21		CALICE			INTERVAL BETWEEN		
	740	XX 1		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY	11 0		1 1-	Na Water St.		
	(This does	not mean the mode	of dying, e.	E., (A)	Museon	· careero			
	injury or	rc, asthenia, etc. It mea complication which o	ns the discas	DUE TO	1. /2.	Genal desk	eso 5 Y/S		
				o a	- Lucian				
	ANTECEDENT CAUSES								
Z	Z (B)								
ĭ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
RTIFICATION	UNDERLYING CONDITION LAST.								
10	(6)								
Ë		II							
ĸ		GIGNIFICANT CONDI							
CE	TO THE D	ISEASE OR CONDITION	CAUSING I	т					
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
¥		0					YES NO D		
MEDICAL	21A ACCIE	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., h	or 21c. WHERE DID	(If in Baltimore City,			
Ü	LYING O	R CONTRIBUTING	about home,	farm, factory, street, office bldg., e	to.) INJURY OCCUR?		,		
Σ	CAUSE OF								
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID II	NJURY OCCUR?			
	INSORT		m.	WHILE AT NOT WHILE					
				WORK AT WORK		701-2 21	~> .		
	22. I hereby certify that I attended the deceased from 150, 150, to 150, to 150, 1953, that I deceased alive on 150, 1953, and that death occurred at 548 m., from the causes and on the date s								
	deceased a	live on []	rom the causes and on t	he date stated above.					
	23A. SIGNA	TURE PO	7	1 2	3B. ADDRESS	1/ -	23c. DATE SIGNED		
		oresig?	· Sous	low M.D.	3902 Dre	enmount dus.	April 2, 1953		
2	A. BURIAL, ON, REMOVAL (S	CREMA- 248. DATE	No.	24c. NAME OF CEMETE	RY OR CREMATORY 2	24D. LOCATION (City, town	, or county) (State)		
TR		4/3/5	7	Loudon Dani- O	omotow-	Paltimana Wi			
D	Ruriel			Loudon Park C	25. FUNERAL DIREC	Baltimore, Md.	ADDRESS		
	CAL REGIST		SSIGNATU	11/11	25. FUNERAL DIREC	, , ,	ADDRESS		
	DDC 1	053	nator	Vallellis My	Mm. J. Jukn	W. Sons. Inc. L	sello ma		
1					7				
r	VS 150		/						



W-356

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3271

ВІ	BIRTH NO.									
	NAME OF D	ECEAS					2. OATE			
			CH	ARLES I	A. WEIDNER		OF DEATH			1953
3. A.	Baltimore (City, M				A, STATE	ENCE (Where deceased liv B. COUNT			residence re admission)
В.	FULL NAME	OF	(If not in hospit	al or institut	ion, give street address o	Md.	(If outside corporate	limita	aid a DITTY	DAT and mine
IN	STITUTION	11	18 N. Kos	suth St					-	township)
				-	Yrs.		imore Ess (If rural, give location	20-	0 1	
-	arth of s	tor in	Baltimore		Mos.	330 N W	ossuth St.	11)		
5.	SEX SEX		OR OR RACE	7. SINGL	Days E. MARRIED.			rs if finder	r l Year	If Under 24 Hours
	M		W	Į,	E, MARRIED, /ED, DIVORCED (Specify /sried	Jan. 2, 1	last birthday	Months		Hours Min.
10	A. USUAL OC	CUPAT	ION (Give kind of glife, eveo If retired)	10s. KIND	OF BUSINESS OR		State or foreign country)	12.	CITIZE	
	Retired (Buil	ding Trade	Baltimore.	Md.		USA	COUNTRY?
13	. FATHER'S	NAME	K =			14. MOTHER'S MA			011	1 1
			rederick			Mary Eli	zabeth Newton			
15 (Ye	. WAS DECEAS	ED EVER	R IN U. S. ARMED	FORCES?	16, SOCIAL SECURITY NO.	17, INFORMANT		ADDR	ESS	
	No				?	Mrs. Lilli	en A. Weidner	Abov	e	
	18. 49	2.1		8000	CAUSE	OF DEATH				AL BETWEEN
	DISEAS	SE OR	CONDITION	DIRECTLY	1	0 0	Vinc. en		ONSET	AND DEATH
	(This does	LEAD not me	ING TO DEAT	H f dying, e. 1	· weer	but -	70,001-		11	1214
	heart failu	ire, asth	enia, etc. It mea eation which c	ns the discas	e.		ander			***************************************
						(- 5			-	
7	ANTECEDENT CAUSES									
O			ONDITIONS, IN		IG	0 .	1.2		10	5/10
AT	UNDERL	YING C	ONDITION LA	ST.	C	NV LACA	wy ywa.		10	of.
10					(C)					A
H			11							
CERTIFICATION	TRIBUTING	TO TH	CANT CONDI	NOT RELATE	D					
U			OR CONDITION			DATION				
J.	19A. OATE C	OF OPE	RATION	9B. MAJOR	FINDINGS OF OPE	RATION			YES Y	UTOPSY?
S	21A ACCIO	ENT W	AS UNDER-	1 218. PL/	ACE OF INJURY (e. g.,	in or 21c, WHERE D	OIO (If in Baltimore C	City, give		
MEDICAL	LYING O	R CONT	TRIBUTING	about home,	farm, factory, street, office bldg.	etc.) INJURY OCCU	R?			
~	210. TIME OF INJURY	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURF	ED 21F. HOW DIO	INJURY OCCUR?			
				m.	WHILE AT NOT WHILE		- 1/-2	(1)	3	
22. I hereby certify that I attended the deceased from						3/17 1	to 2/2/	19 #	at I la	ist saw the
deceased alive on March 19 12 and that death occurred at P. m., from the causes and on the date stated										
	23A. SIGNA		201	1		238. ADDRESS	14:0 - 5			IZ SIGNED
		1	2/20	Mes	M. D.	1072	Maken.	_	4	2/13
24 TI	A. BURIAL, ON, REMOVAL (S	CREMA-	24B. DATE		24c. NAME OF CEMET	RY OR CREMATORY	24d. LOCATION (City,	town, or c	ounts)	(State)
	Rurial		4/3/53		Lorraine Ce	meterv	Woodlawn, Md.			
0,	ATE RECEIVE	DBY	REGISTRAR'	alv		25. FUNERAL DIR	ECTOR	AD	DRESS	7.77
(In	D C = 19	RAR	Idante	rator ,	Mallian	Mm. J. Jucks	wi Love lu.	Bel	0/ 2	nes
#	VS 150									
	.0 .00				TIA.	911				

the second considering the visit of the considering the second

5-630

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3272 Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	ALEXANDE	R F. SHORT		2. DATE OF DEATH Mar	. 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryla			A. STATE	CE (Where deceased lived, If B. COUNTY	institution: residence before admission)	
B. FULL NAME OF (If not in HOSPITAL OR	n hospital or institu	tion, give street address of		/TE autoids somewate limi	ts, write RURAL and give	
INSTITUTION	Gwynn Falls		Baltimo	1.	township)	
	Wall I was	Yrs.	D. STREET ADDRESS	S (If rural, give location)		
ngth of stay in Baltin		Mos. Days	11	Falls Pkwy.		
5. SEX 6. COLOR OR		E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours on the Days Hours Min.	
M	Mari		Oct. 12, 18			
10A. USUAL OCCUPATION (Gi work done during most of working life, even	vekindof 10B. KINI	D OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF	
Retired Asst. Buy		tment Store	Beltimore, M	la	WHAT COUNTRY?	
13. FATHER'S NAME	or poper	Cheff OCOIG	14. MOTHER'S MAID		USA	
William Sh			'Unkno	wm' Romoser		
15. WAS DECEASED EVER IN U. S (Yes, no or unknown) (If yes, give w	S. ARMED FORCES? ar or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
No		?	Mrs. Elsie M	. Short Above	e	
DISEASE OR COND LEADING TO (This does not mean the heart failure, asthenia, etc injury or complication	DEATH mode of dying, e. L. It means the disease	e., (A) COTO	of death	sis	INTERVAL BETWEEN ONSET AND DEATH	
Z DISEASES OR CONDITION RISE TO THE ABOVE CAU UNDERLYING CONDITION OTHER SIGNIFICANT TRIBUTING TO THE DEAT	ONS, IF ANY, GIVII SE (A) STATING T	NG	lo vascular	d1sease		
OTHER SIGNIFICANT TRIBUTING TO THE DEAT	H, BUT NOT RELAT	ED				
TO THE DISEASE OR CO.		FINDINGS OF OPE			20, AUTOPSY?	
The state of the s	0 138.11123011	TINDINGS OF OFE	MATION		YES NO	
21A. ACCIDENT WAS UN LYING OR CONTRIBUT	DLIV.	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?			
OF INJURY (Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID II	NJURY OCCUR?		
INSORT	m	WHILE AT NOT WHILE				
	211. [37 73 105		
deceased alive on Mar. 30, 19 53, and that death occurred at 3:30 m, From the causes and on the date stated ab						
	19 55			rom the causes and on t		
23A. SIGNATURE	1 Stull	M. D.	238. ADDRESS 2220 Garriso	on Blvd.	Apr. 1. 19	
24A. BURIAL, CREMA- 24B.		24c. NAME of CEMET	ERY OR CREMATORY 2	24D. LOCATION (City, town	, or county) (State)	
	3/53	Woodlawn Ceme	tery	Woodlawn, Mc		
DATE RECEIVED BY LOCAL REGISTRAR	STRAR'S SIGNAT	URE	Vm. J. Tickne		Ballo ned	
VS 150	as find	1 6 " LEALE BO Alla	P. 1			
-1	and the same	A STANDARD 146.				

THE RUNA STATE METAATIVE STREET THE OPENING AND and the same of th The state of the s Carlotte Company (No. 1)

Registered No. 3273 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL/RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS Yrs. (If rurai, give location) Mos. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year last birthday) Months: Days If linder 24 House WIDOWED, DIVORCED (Specify) Hours | Min. NYOMEGO 10A. USUAL OCCUPATION (Give kind of E (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY? INDUSTRY JOM & STIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no on nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no os naknown) SECURITY NO. W Mulberry S INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK 2 31, 195 3that I last saw the 22. I hereby certify that I attended the deceased fromdeceased alive on Man 251953, and that Asath occurred at 1 m. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATOR ATION (City Lown, or county)

26. FUNERAL DIRECTOR

00

ADDRESS.

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

81	G-/6 53 RTH NO.	3274		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered	3 _{vo.} 3274
	NAME OF E		nes	Golf,	JAMES GOFF)	2. DATE OF DEATH DE	L1-195-3
	PLACE OF D	City, Maryland			4. USUAD RESIDENCE (V		If institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION			ioh, give street address or location)		outside corporate lim	nits, write RURAL and give
3	3 -	JOHNS HOPK	INS HOS	Yrs.	JUNUNG DESTREET ADDRESS LIN	ruma give location)	township)
		stay in Baltimore		Mos. Days	1517 4/-	hird (ne
n	rale	6. COLOR/OR RACE	widow	E, MARRIED, VED, DIVORCED (Specify)	4-21-36	9. AGE (In years last birthday)	N Under I Year If Under 24 Hours Months Days Hours Min.
10 work	A. USUAL OC	CCUPATION (Give kind of working) for even if retired	Pub	of BUSINESS OR INDUSTRY	BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	tger T.	go	II.	14. MOTHER'S MAIDEN N	AME au	
15 (Yes	, WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat	D FOR ES?	SECURITY NO.	17. INFORMANT	KINS HOSPITA	ADDRESS
	18. 75 bisea	4. 0 SE OR CONDITION			OF DEATH		INTERVAL BETWEEN ONSET AND OEATH
	heart fail	LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which	of dying, e. g ans the diseas	c) DUE TO Tetre	enital Heart	lot	
-7		ANTECEDENT CAU	SES				
TIO	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	lG	•••••••••••••••••••••••••••••••••••••••		
-ICA	ONDERE	TING CONDITION E.	451.	(C)			
CERTIFICATION	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	-0			
				FINDINGS OF OPER	of Pallot		20. AUTOPSYY
MEDICAL		DENT WAS UNDER - R CONTRIBUTING DEATH	21B. PLA about home,	ACE OF IN RY to. g., if farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City,	, give exact location)
2	21D. TIME FINJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK		Y OCCUR?	
	22. I herel	by certify that I at	tended the	deceased from 3.	23 , 1953, to 4	, 19	5, that I last saw the
	deceased a		19.52.	and that depth occur	rred at 30 m., from t	the causes and on	the date stated above.
24	A. BURIAL	CREMA- 24B. DATE	rual	24C. NAME OF CEMETE	PY OF CREMATORY 240 L	OCATION (City, tow	on, or county) (State)
TIC	ON REMOVAL (Specify) 4/4/5		Woodwere Cer		untington	W Va
	CAL REGIST	D BY REGISTRAR		JŖE	25. FUNERAL DIRECTOR HENRY SANDER &	,	ADDRESS
	ABR190	1930	0		DRLIU., 1), MU	Joey.	11 Much

S-53 30 53 3275

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3275

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF LYDIA SMITH DEATH Apr. 2, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore township) 4912 E. Federal Street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4912 E. Federal Street l vr 2 Mo. igth of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W100W 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours | Min. F Apr. 8, 1873 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY USA COUNTRY Housewife at home Hazeltown, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Enoch Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 4912 E. Federalopres 16. SOCIAL (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO. Tydus Griffith no none 18. INTERVAL BETWEEN CAUSE OF DEATH 0 . 1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WORK AT WORK 22. I hereby certify that I attended the deceased from_ = 192 Ithat I last saw the deceased alive on 1912 2, 1903, and that death occurred at 7. 424 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY 4/4 burial Union Cemetery Peckville, Penna. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR vs 150 2 -

NAMES OF THE PARTY OF THE PARTY

7-460
BALTIMORE CITY HEALTH DEPARTMENT

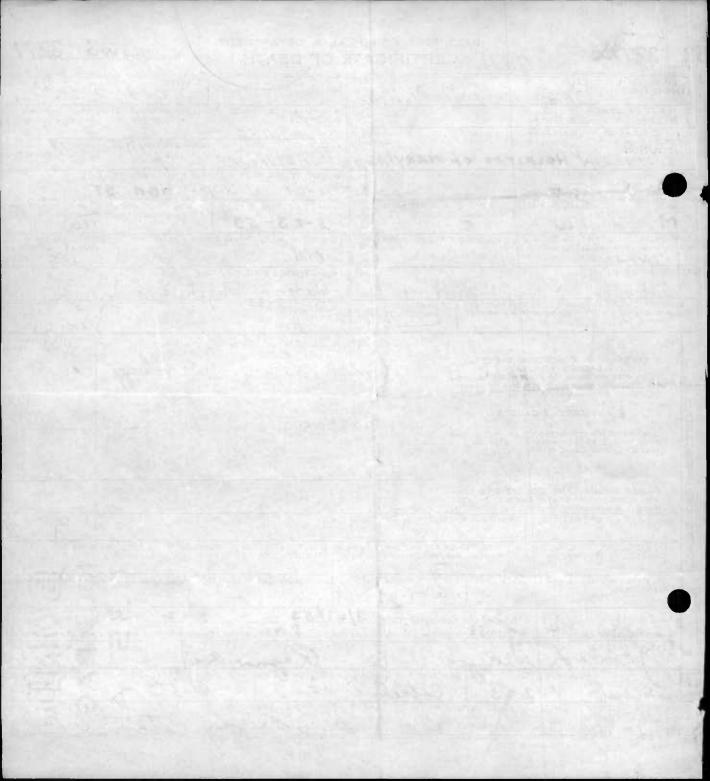
X 53 3276

53	3210
Registered	No.

	5.3	9810		CERTIFICATI	OF DEATH	Registered Ne)	
	RTH NO.			OLITII IOATI	- OF BEATH			
	NAME OF Dippe or Print)	ANDREW Z	ELLE	A		2. DATE OF DEATH APR.	1,1953	
	PLACE OF D Baltimore C	EATH: City, Maryland			A. STATE	(Where deceased lived. If in B. COUNTY	before admission)	
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN	(If outside corporate limits,		
U	NION	MEMORIA	L HO	SP.	BALTIMO	RE	5200	
c		tay in Baltimore		5 3 Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	D	
5.	SEX M	6. COLOR OR RACE		MARRIED.	MAR 29,190	last birthday) Mon	nder 1 Year If Under 24 Hours the Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF	
B	OOK KE	of working life, even if retired)	humbe	er Co.	MARYLA		WHAT COUNTRY?	
13	. FATHER'S N	the state of the same of			14. MOTHER'S MAIDEN			
	JOHN	ZELLER			SOPHIA	BELTZ		
15 (Yes	. WAS DECEASE s, no or naknown)	ED EVER IN U.S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT MILDRED Z	ELLER AD	AME	
	18. 44	34	- 12 La la	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH	
		LEADING TO DEA	TH	, (A) UR	FW17		I Mo.	
	heart failu	re, asthenia, etc. It mer complication which	ans the disease	e,				
7	ANTECEDENT CAUSES HTPERTENSIVE (B) CARDIOVASVULAR DISEASE 1/2 Ty.							
ERTIFICATION	RISE TO T	S OR CONDITIONS. THE ABOVE CAUSE (A)	STATING TH	IG				
J.							S 72 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TIF		11		(C)	••••		*****	
田田		SIGNIFICANT COND TO THE DEATH, BUT						
Ü	TO THE D	ISEASE OR CONDITION	CAUSING I	T				
7	19A. DATE C	OF OPERATION	19B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
S	21A. ACCIDE	ENT, SUICIDE.	1 21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, gi		
MEDICAL	HOMICIDE	(Specify)		arm, factory, street, office bldg.,			May 27	
-	21b. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?		
	I INSURT		m.	WHILE AT NOT WHILE				
	22 I havah	as contifes that I at		deceased from MA	R 30 1953 to	HPR 1 ,195	that I last saw the	
				and that death occur	rred at 7 40 m from	m the causes and on th	e date stated above	
	23A. SIGNA		10-d-d-		3B. ADDRESS		23c. DATE SIGNED	
	٤.٥		enne		MION MEMO	RIAL HOSP.	APR. 1,1953	
2	AA. BURIAL.	CREMA- 24B. DATE Specify)	-52	POYELAN	RY OR CREMATORY 24	BALTO		
	ATE RECEIVE	D BY REGISTRAR	'S SIGNATU		25. FUNERAL DIRECTO	OR /	ADDRESS)	
50	12-195	1 unting	ion Medi	hause, my	1 x tuc	£ 5305	Harford	
	VS 150	0		311	142		//	

Year A Company of the ACTOR IN STREET THE STREET OF STREET SERVICES

	25	4				MAN MAN WAR	
3	3277 RTH NO.	5-3-07			E OF DEATH	NT Registered N	53 3277
	NAME OF Dippe or Print)	ECEASED DARY	Boy 1	Mc MillAN		2. DATE OF DEATH 4-	2-53
3. A.	PLACE OF DE Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived, If is B. COUNTY	nstitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION			ion, give street address o location MARY/AWN		(If outside cornorate limits	, write RURAL and give township)
1	201112	CHA (100)	, ,,	Yrs. Mos,	D. STREET ADDRESS	(If rural, give location)	
5.	ngth of st	tay in Baltimore	7. SINGLE	/ O Days	18. DATE OF BIRTH	70.7.00	Under 1 Year If Under 24 Hours
	M	w	widow 5	ED, DIVORCED (Specify	3-23-53	last hirthday) Mon	ths Days Hours Min.
		CUPATION (Give kind of f working life, even if retired) NT	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IAME	1	2	14. MOTHER'S MAIDE	N NAME	
15	. WAS DECEASE	D EVER IN U. S. ARME	FORCES?	I 16. SOCIAL	17. INFORMANY		DRESS
(Ye	, no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	mather	AD	Samo.
NO	(This does heart failu iñjury or	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU	TH of dying, e. g ans the diseas caused death	g., (A) In	of DEATH tra-Craniae nknoun	Kemorkezi	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
CERTIF	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	V. ≟D			
	-			FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE. (Specify)	21B. PLA about home, f	ACE OF INJURY (e. g., arm, factory, street, office hidg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, gi	7.0
Σ	21D. TIME ((Month) (Day) (Year		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
		y certify that I at		deceased from 3	23/53, 19_, to		that I last saw the
	deceased all	TURE L.	1903	and that death occu	238. ADDIES	om the causes and on th	e date stated above. 23c. PATE SIGNED 4-7-13
24 TIC	DON REMOVAL (S	PREMA- 24B. DATE	13	Cothebral	ERY OR CREMATORY 24	B. LOCATION (City, town, o	or county) (State)
	ATE RECEIVE	RAR	SIGNATU	RE Migue M	25 FUNERAL DIRECT	las Catoras	ille hel
	VS 150		4	•		/	

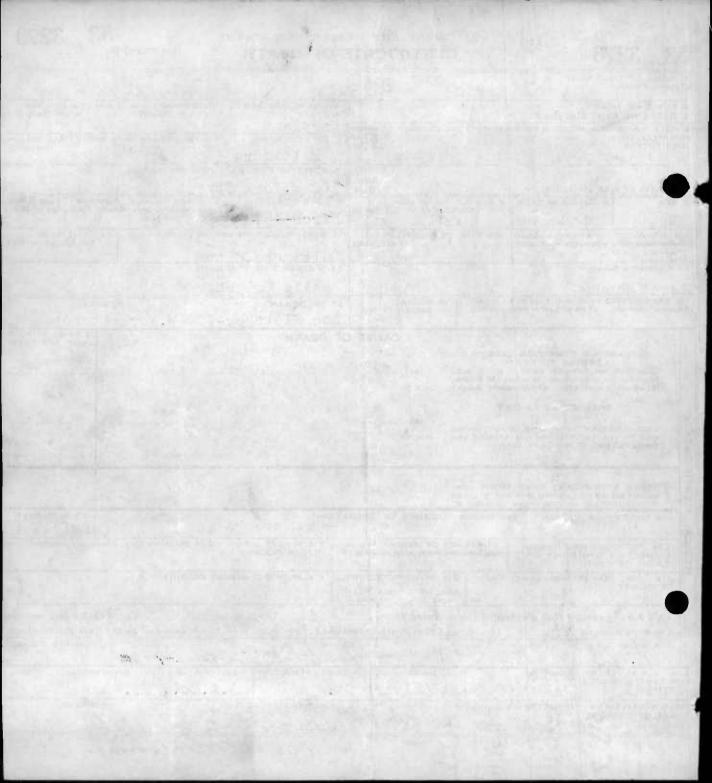


6	00	
53.	3278	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3278

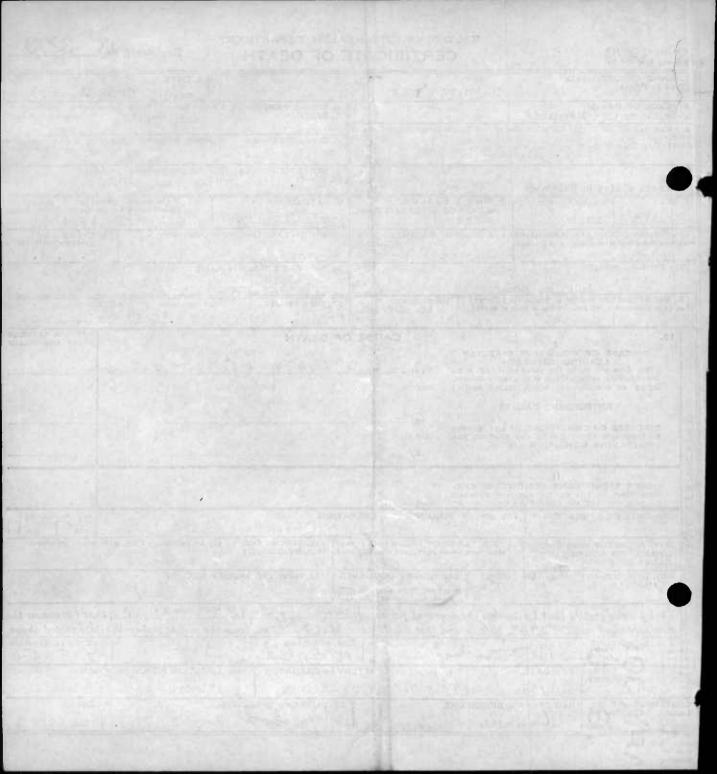
BIRTH NO.				
	IRBY - PUR		DELLIII	h 30, 195-3
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or insti HOSPITAL OR INSTITUTION	tution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits	write RURAL and give
SOUTH BALTIMORE OFW.	HOSPITAL	Baltimore	1	townshlp)
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
ngth of stay in Baltimore	Mos. Days	102 W. York Str	reet	
	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years #	Under I Year If Under 24 Hours ths; Days Hours Min.
	NACE	March 15, 1912	4I	
IOA. USUAL OCCUPATION (Give kind of 10B. KI work done during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	1110001111	Baltimore City	7	WHAT COOKING
13. FATHER'S NAME		Baltimore, City	ME	
Steven Purby		Belle Height		/
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yee, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DORESS
(104 20 01 442012)	SECURITY NO.	Doc Fletcher-1	102 W. York	Streetze
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OESTATE, BUT NOT RELL TO THE OISEASE OR CONDITION CAUSING	e.g., (A) to perfect the control of	SUMATIC MITEAL	VALUULITIS	
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
None				YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about he	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., e	21c. WHERE DID (1) tc.) INJURY OCCUR?	f in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	D 21F. HOW DID INJURY	OCCUR7	
m m	WHILE AT NOT WHILE			
22. I hereby certify that I attended to deceased alive on MARCH 30, 1953	and that death occur	red at 7:40 A m., from the 3B. ADDRESS		
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town,	or county) (State)
Burial 4/3/53	Mt Calvary (Co., Md.	
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR	Williams, Mo	Salah & G	Brown t	ADDRESS
VS 150		108 W.M.	nontgom	ery St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

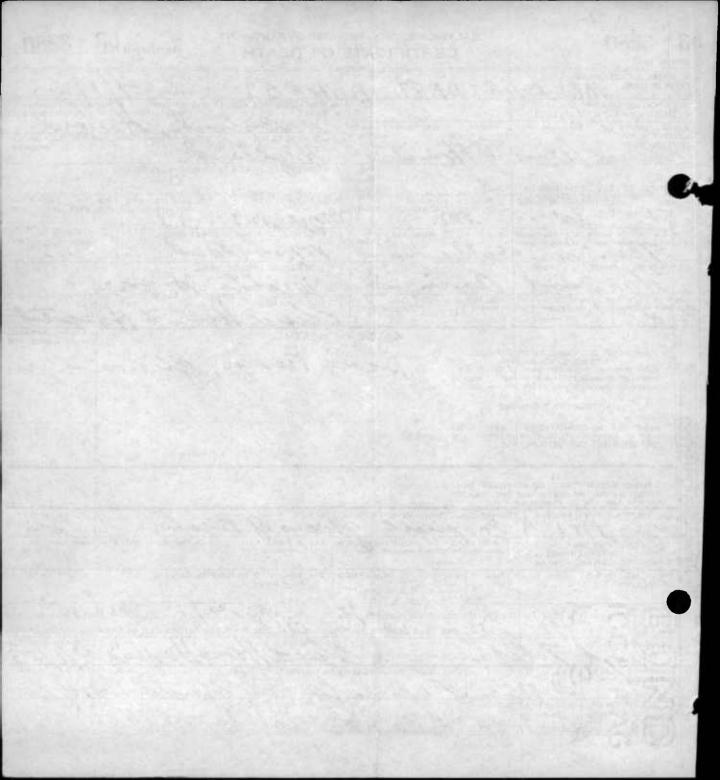
egistered 53 3279

B	RTH NO.	9		CERTIFICA	IE	OF DEATH	Registered R	0,-	
	1. NAME OF DECEASED (Type or Print) 2. DATE								
			NCY EDI	TH FAHLKE			DEATH Marc	h 31, 1953	
	PLACE OF D Baltimore (City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If i B. COUNTY	institution : residence before admission)	
В.	FULL NAME		al or institut	ion, give street address locati		Maryland		10	
	STITUTION	518 E. Cold	Spring		011)	c. CITÝ OR TOWN () Raltimore	f outside corporate limits	township)	
-		710 11. 0014	Dh+	Yr		D. STREET ADDRESS (I	f warml give leastion)		
6		tay in Baltimore		Mo Da	ys ys	518 E. Cold Spi			
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	ifv)	B. DATE OF BIRTH	9. AGE (In years last birthday) Mor	Under 1 Year If Under 24 Hours nths Days Hours Min.	
_	female	white	marr		A	April 20, 1896	56		
Worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	housewi	ife	own	home		Germany		U. S. A.	
13	FATHER'S	NAME			1	14. MOTHER'S MAIDEN	NAME		
		_Nicholas He	inz			Marie Binderwa	Ld		
15 (Ye	. WAS DECEASI	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO	1	17. INFORMANT		DDRESS	
ì				SECORITI NO	F	Fred H. Fahlke,	518 E. Cold S	pring Lane	
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA II GIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	'H f dying, e. g ns the discas- aused death ES 'ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)(C)(C)	. 01	ronary Th	rombosi.	i	
				FINDINGS OF OF	ERA	TION		20. AUTOPSY?	
MEDICAL		PENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. arm, factory, street, office bl			(If in Baltimore City, g	ive exact location)	
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK								
22. I hereby certify that Lattended the deceased from June 41953 to huy ch 31, 1953, that I last saw t									
		live on Mu 430	, 1025	and that death oc			the causes and on th		
	23A. S/GNA	llevi H.	tus	м. р.	11	B. ADDRESS	7,4	23c. DATE SIGNED 4-2-53	
TIC	A. BURIAL, (S ON, REMOVAL (S Durial	pecify) 248. DATE		Holv Redeems		The second secon	LOCATION (City, town,		
L	burial 4/4/53 Holy Redeemer Cemetery Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADDRESS ADDRE								



L 5 L 0	
3 3280 BALTIMORE CITY HE.	V
BIRTH NO. CERTIFICATE	OF DEATH
1. NAME OF DECEASED (Type or Print) NAR(MORIORT	2. DATE 0F 4/1/52
S. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, V institution; residence
A. Baltimore City, Maryland	A. STATE before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Institution of Home of Homestel	Highland township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Months; Days Hours Min.
T W This	mon 20, 1919 33
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done due amost of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT, COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harris Daringa	Un It mone
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Therest Home + Hospital
18. /93 X . CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,	in I uma, guoma 2 gu.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERA	ATION OR 20. AUTOPSY?
May 1951 Mapuelle 9	or 21c. WHER DID (If in Baltimore City, give exact location)
21A. ACIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factor, atreet, office wide, et	in loc.) Injury occur?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	2 , 1953, to 4// , 1953, that I last saw the
	red at 2:15 m., from the causes and on the date stated above.
	BE DIRESS HOUSE
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETER	CONTROL (City town or county) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS ADDRESS
APRZ- 1958 Huntington Williams M. T.	Easton / Lange Clienthe City Yes
VS 150	During to his winder with the

0938V



BINDING

FOR

RESERVED

MARGIN

-	200
3	3282
BII	RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

53 3282

BIRTH NO.	CERTIFICATI	E OF DEATH Registered No						
1. NAME OF DECEASEDH.		2. DATE						
(Type or Print) Paul Loeschke S	70	OF DEATH 4/1/53						
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or in		Maryland Baltimore						
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate Umits, write he RAL and give township)						
St. Agnes Hospi		Baltimofe 29.						
c. Ogth of stay in Baltimore 66	Yrs. Mod. Days	D. STREET ADDRESS (If rural, give location) 610 Dennison St.						
5. SEX 6, COLOR OR RACE 7. SI	NGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours						
	DOWED, DIVORCED (Specify)	1/11/87 last birthday) Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
Business Agent Amal	gama ted INDUSTRY	Maryland WHAT COUNTRY?						
	hing Workers	14. MOTHER'S MAIDEN NAME						
Paul J.		Minnie Booker						
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
		Mrs. Margaret C.Loeschke, 610 N.						
LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RIST TO THE DISEASE OR CONDITION CAUSI	GIVING (B) (C) (C) (C)	morephy - 5 days postop.						
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	Or and a land of the same of t						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidgs, etc.) LYING DEATH CAUSE OF DEATH								
2 ID. TIME (Month) (Day) (Year) (Hour)	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?							
22. I hereby certify that I attended								
		red at 9 7. m., from the causes and on the date stated above.						
23A. SIGNATURE		38. ADDRESS Agrical 23c. DATE SIGNED						
24a. BURIAL, CREMA- 24B DATE TION, REMOVAL (Specify) BURIAL April 4/53		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Baltimore, L.d.						
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR HUMANIA	14/11.	25 FUNERAL DIRECTOR ADDRESS ATTENDED TO THE ADDRESS						

VS 150

2608X

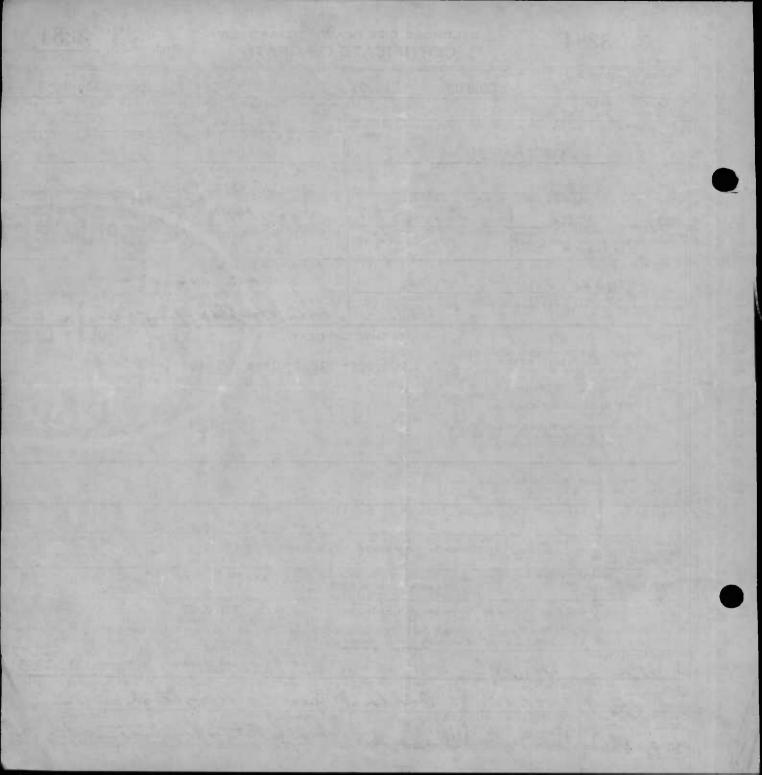
Language of the property of the Muchaline was with THE PARTY OF THE P The top his man sylvenian to the training THE STATE OF THE S the setting of the set of the set of the first of the fir

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3283
Registered No.

В	RTH NO.						
1. (T	NAME OF DE	CEASED MARE	21	ARKS		2. DATE OF DEATH	HECH 31, 1953
A.		ATH: ity, Maryland			4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	before admission)
HIN	OSPITAL OR			on, give street address or location)			nits, write RURAL and give township)
work done during most of working life, even if retired) Nosewife Virginia Virgini		12/					
4.0	gth of sta	ay in Baltimore		Mos.			4 5350
5.	SEX	6. COLOR OR RACE		MARRIED,		9. AGE (in years)	
+	EMME	WHITE			12-25-1892	60	
10	A. USUAL OCC	UPATION (Give kind of	10B. KIND		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
			te		VIRGINIA		U.S. A-
13	FATHER'S N				14. MOTHER'S MAIDEN NA	AME	
	CALVID	MONDAY			ALMA C	AVIS	
	5. WAS DECEASED	O EVER IN U.S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,				MONE	OTIS SPARKS	- 5	AME
	18. 443	3 x .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASI	E OR CONDITION					
	(This does	LEADING TO DEAT not mean the mode of	f dying, e. g	*p (A)	RACHDOID HEA	amorehace	E
	heart failur	e, asthenia, etc. It mea complication which c	ns the discase aused death	DUE TO			
		ANTECEDENT CAUS	FC	N. DERY.	Sp side early 6 -	1245 (1110	L/>
7		INTECEDENT CAUS	620	(B)	CACE	UNSCUEN	2 YEARS
ō		OR CONDITIONS, IN		G) CH) G		
A	UNDERLY	ING CONDITION LA	ST.	(C)			
5		Bedraubar di					
RTIFICATION	OTHER SI	GNIFICANT CONDI	TIONS CON				
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U				FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	100	NE O					YES NO
	21A. ACCIDE	ENT WAS UNDER-	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, atreet, office bldg.,		f in Baltimore City	y, give exact location)
Σ	21D. TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY		m	WHILE AT NOT WHILE			
	22. I hereby	certify that I att		A a c	18 1953 to 1	1ARCH 31 19	53that I last saw the
	deceased ali	ve on MARCH 3	1953	and that death occur	rred at 8:45 P.m., from t		
	23A. SIGNAT	URE		2	23B. ADDRESS	. ho. 0 7/a	23c. DATE SIGNED
2		REMA-1 24B, DATE	1	M. O. 24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, tov	wn, or county), (State)
TI	AA. BURIAL, CON, REMOVAL (ST	4-4-5	3		INN. BA	10. Co.	
	ATE RECEIVED		S SIGNATU	IRE	25. FUNERAL DIRECTOR	1111	ADDRESS ALL
4	100 - 100	Munkinglo	~ Prof	allen Midle	were harmy	any N	remain, mas,
	VS 150	()					

N-32	2004	BALTIM	ORE CITY H	EALTH DEPART	MENT	50	3284
53 BIRTH NO.	3284			E OF DEAT		Registered 1	No. 0204
1. NAME OF C (Type or Print)	DECEASED	GORDON	WATSON		2	DATE OF Marc	h 31, 1953
	City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence				
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	ve street address o location					
c Length of s	tay in Baltimore	0.1 001000	Yrs. Mos.	D. STREET ADDR	ESS (If rura	, ,	
5. SEX	6.COLOR OR RACE		RRIED, DIVORCED (Specify	8. DATE OF BIRTI	~	AGE (In years	Under 1 Year If Under 24 Ho onths Days Hours M
10A. USUAL OC work done during most	CCUPATION (Give kind of for working life, even if retired) AMAN			11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTE
13. FATHER'S		VATSON.	SR.	14. MOTHER'S MA	AIDEN NAME		
15. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16.	SOCIAL SECURITY NO.	17 INFORMANT	athon		DDRESS
heart fuili injury or DISEASE ORISE TO TUNDERLY UNDERLY OTHER S	s not mean the mode of are, asthenia, etc. It mes complication which of anticolors of the state	ns the disease, aused death.) SES F ANY, GIVING STATING THE ST. TIONS CON-	(A)DUE TO (B) DUE TO (C)	c glomerulon			
TO THE D	ISEASE OR CONDITION		DINGS OF OPE	RATION			20. AUTOPSY
UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-		FINJURY (e.g., story,street,office bldg.,			Baltimore City, 1	YES X NO
ш	(Month) (Day) (Year)	(Hour) 21E. I WHILE MORK			INJURY OC	CUR?	
the ev	CREMA- 24B DATE	ge of the remo said Autopsy, resulted from:	ins described Inspection or natural cause	Inquiry, find that	said decea suicide [], EDICAL EXALEDICAL EXALESTIGATOR	ection or Inquiry sed died on th homicide [], n MINER [] 23	ndetermined []. c. DATE SIGNED rch 31, 1953
DATE RECEIVE LOCAL REGIST		s signature	Jaklon	25. FUNERAL DIR	AL I Y	Pey Catos	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH IRTH NO NAME OF DECEASED 2. DATE Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY
before admissi PLACE OF DEATH: Baltimore City, Maryland sconsin FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR C. CITY OR TOWN NSTITUTION JOHNS HOPKINS HOSPITAL (If rural, give cation) Yrs.

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

10B, KIND OF BUSINESS OR

Mos.

Days

INDUSTRY

53 3285 Registered No. before admission) (If outside corporate limits, write RURAL and give township) AGE in years H Under I Year H Under 24 Hours last hrthday) Months Days Hours Min. BIRTHPLACE (State or forcign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH

5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. JOHNS 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Congenital Heart Decare LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-

RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

Length of stay in Baltimore

OA. USUAL OCCUPATION (Give kind of)

k done during most of worklog life, even if retired)

none-

3. EATHER'S NAME

6. COLOR OR RACE

. SEX

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY PIC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (6. f., in or about home, farm, factory, street, office black, etc.) CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NJURY

AT WORK

21F. HOW DID INJURY OCCUR?

1953

22. I hereby certify that I attended the deceased from 3 -1953, and that death occurred at 1065 n. from the causes and on the date stated above.

deceased alive on 4 28A. SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED 240 (LOCATION (City town, or county)

19 2 that I last saw the

REMOVAL (Specify) 24B. DATE

REGISTRAR'S SIGNATURE

ADDRESS 27 FUNERAL DIRECTOR

VS 150

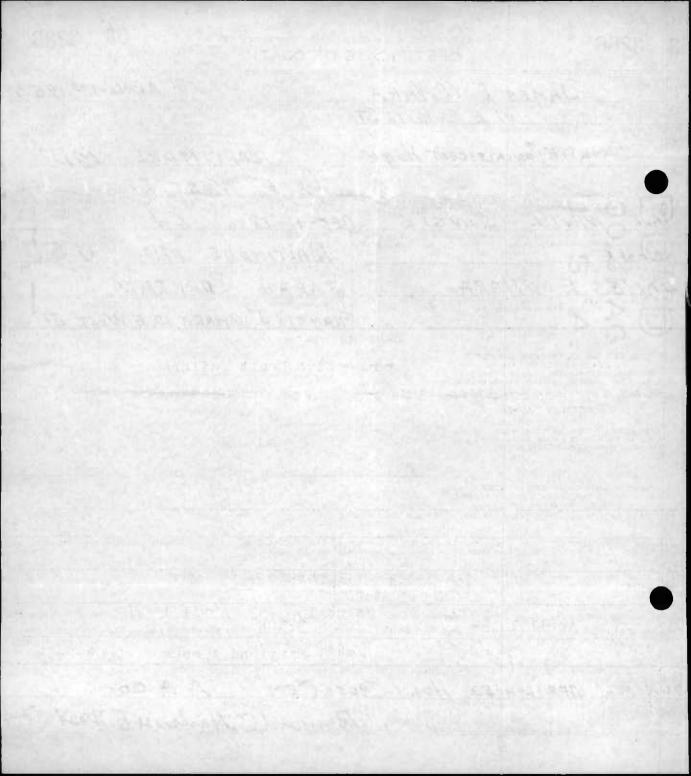
ATE RECEIVED BY

OCAL REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3286
Registered No.

IRTH NO NAME OF DECEASED OF A PRIX-1 = 1 Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence PLACE OF DEATH: Baltimore City, Maryland //0/ A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give AVETTE CONLALESCENT HOME township) D. STREET ADDRESS (If rural, give location) Mos. of stay in Baltimore Days 6. COLOR OR RACE AGE (In year: 7. SINGLE, MARRIED II Under 1 Year last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) SINGHE USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF during most of working life, even if retired) INDUSTRY NONE FATHER'S NAME 16. SOCIAL a, no or unknown) SECURITY NO. 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH congestive heart failure sev weeks (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DHE TO UNDERLYING CONDITION LAST. (C) .. II OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that Lattended the deceased from March deceased alive on April 1,953 and that death accurred 1953 to April _, 193, that I last saw the 3:30R., from the causes and on the date stated above. 1 1953, and that death occurred at deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 31 Maryland A.enue 4-2-53 BURYAL, CREMA-£48. DATE REMOVAL (Specify ATE RECEIVED BY REGISTRAR'S SIGNATURE



VS 150

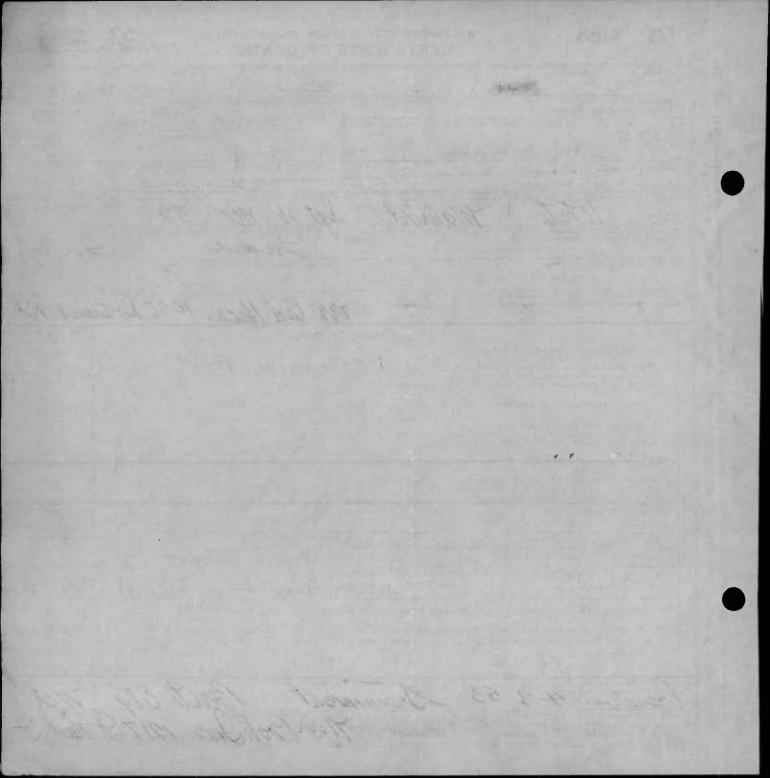
BALTIMORE CITY HEALTH DEPARTMENT

53 3287

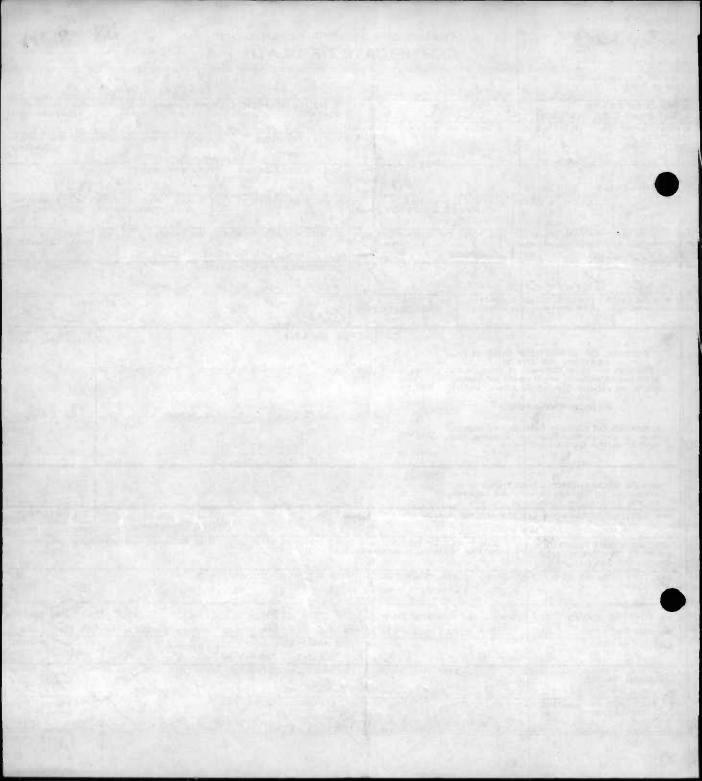
BIRTH NO.			CERTIFICAT	E OF DEAT	H	Registere	ed No	
. NAME OF DE Type or Print)		ILLIAN	1 BISHOF	,		2. DATE OF DEATH	4/1/50	3
Baltimore C	ity, Maryland		<i>P</i> 27 0 .	4. USUAL RESID	ENCE (Whe			: residence ore admission
S. FULL NAME		al or institution	on, give street address on location	MAR	YLAN	C tside corporate l		
HOSPITA	9 L FUR WON	LEN OF	MARYLAND	BA	LTIM		28-	townwhip
70	ay in Baltimore		Yrs. Mos.	o. STREET ADDR	0	al, give location	A	
S. SEX	6. COLOR OR RACE	7. SINGLE.		8. DATE OF BIRT	1305m	AGE (In years	HVG.	If Under 24 Hours
emale	White	Lu	ED, DIVORCED (Specify OWEd	5-16-8	34	last birthday)	Months Days	Hours Min.
ra done during most of	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZ WHA	EN OF T COUNTRY
3. FATHER'S N	/ E Housewif	e At	Home	14. MOTHER'S MAIDEN NAME				19
JOH	N SEALL	oN		Caroline	101	ler		
5. WAS DECEASE es, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		220 Tampl	MODERES	nd .
No	No			Mrs.Paul Eb	erman,	Elmira, N	lew York	
heart failur injury or DISEASES RISE TO TI	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS G OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	of dying, e.g. uns the disease, caused death.) SES F ANY, GIVING STATING THE	оие то	Jack				
	11		(C),					
TRIBUTING	IGNIFICANT CONDI TO THE GEATH, BUT SEASE OR CONDITION	NOT RELATED						
			FINDINGS OF OPER	RATION			20.7	AUTOPSY?
214 ACCIDE	NT. SUICIDE.	1 212 8146	1 reclu	late wilese	7. (T. 2)	- Davis	YES	NO L
HOMICIDE	(Specify)	about home, far	CE OF INJURY (e. g., rm, fectory, street, office bldg.,	etc.) 21C, WHERE E	JR?	n Baltimore Ci	ty, give exact	rocation)
210. TIME (I	Month) (Day) (Year)	W	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		INJURY C	CCUR?		
22. I hereby deceased ali	certify that Lattive on 4/1/5		leceased from 27 nd that death occu	9/53,19 rred at 5. 53 m	, to 4/		9, that I l	
23A. SIGNAT		us		38. ADDRESS	م ليا م	1 hn d		TE SIGNED
4A. BURIAL. CON REMOVAL (SI	REMA- 248 DATE		Woodlawn Ceme		0.0	ATION (City, to	own, or county)	(State)
ATE RECEIVED	BY REGISTRAR	S SIGNATUR	Miaris M.	DAULU L	auster Con		10 Liber	ty

	The
	supplied.
	carefully egibly.
MARGIN RESERVED FUR BINDING	WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
MARGIN RESER	UNFADING INK. Physicians: please
	WRITE PLAINLY, WITH I

	BIRTH NO. MOTI	CERTIFICAT	E OF DEATH	Registered No.	CIGICO
	. NAME OF DECEASED Type or Print)			2. DATE	
	. PLACE OF DEATH:	L.	DHINGRA		1, 1953
A.	. Baltimore City, Maryland		4. USUAL RESIDENCE (WE A. STATE	B. COUNTY	titution : residence before admis
В.	FULL NAME OF (If not in hospital or IOSPITAL OR	institution, give street address or location)		Baltimore	
11	NSTITUTION Politimana Cita-		C. CITT OR TOWN (II o	utside corporate limits, w	rite RURAL and town
	Baltimore City	Morgue Yrs.	D. STREET ADDRESS (If re	ral give location)	
c.	. Length of stay in Baltimore	Mos. Days	242 Linde		
	. SEX 6.COLOR OR RACE 7.	SINGLE, MARRIED.	8 DATE OF BIRTH	9. AGE (In years H Und	er 1 Year If Under 24
_	Male While	WIDOWED, DIVORCED (Specify)	Sept 26 , 1900	last highhday) Month	s Days Hours I
10 work	OA. USUAL OCCUPATION (Give kind of 10 k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	1). BIRTHELACE (State or for	eign country) 12	CITIZEN OF WHAT COUNT
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME =->	- porce
	*				
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HARSE.	1020 Dart	Houth R
	18. E 67 F V	CALISE	OF DEATH		INTERVAL BET
	DISEASE OR CONDITION DIR		OI DEATH		ONSET AND D
	LEADING TO DEATH (This does not mean the mode of dy		SWAING (FOU	ad Irounal	
	heart failure, asthenia, etc. It means the injury or complication which cause	ne disease,			
	ANTECEDENT CAUSES				
_		(8)			
	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING TING THE DUE TO			
4	UNDERLYING CONDITION LAST.	(C)		***************************************	
L					
ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED			
ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DESCRIPTION CAL	RELATED	ATION		20. AUTOPS)
AL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAN 19A. DATE OF OPERATION 19B. I	RELATED USING IT. MAJOR FINDINGS OF OPER			20. AUTOPSY
AL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	RELATED JSING IT.	o or 21c. WHERE DID (If	in Baltimore City, give	YES X NO
EDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 19B. I 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	RELATED USING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., in ut home, farm, factory, etreet, office bldg., e	or 21c. WHERE DID (If INJURY OCCUR?	ATT ST	YES X NO
EDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	RELATED USING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., in the bone, farm, factory, etreet, office bldg., etc., and the bone, farm, factory, etreet, office bldg., etc., and the bone, farm, factory, etreet, office bldg., etc., and the bone, farm, factory, etreet, office bldg., etc., and the bone, farm, factory, etreet, office bldg., etc., and the bone, farm, factory, etc., and the bone, e	21c. WHERE DID (If INJURY OCCUR? PREF S PR	ATT ST	YES X NO exact location)
EDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 19B. I 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hot OF INJURY 4 1 5 3 3 8	RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., is out home, farm, factory, etreet, office bidg., et al., in the second of the secon	21c. WHERE DID (If INJURY OCCUR? PIER S PR ED 21F. HOW DID INJURY Found Iroun	ATT ST DOCCUR? 2d-Left S	ves X No exact location)
EDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CALL 19A. DATE OF OPERATION 19B. I 19A. DATE OF OPERATION 19B. I 19A. DATE OF OPERATION 19B. I 1	PELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., is used to be a second or compared to the second or compared to the remains described at the second or compared to the remains described at the second or compared to the second or c	Pier PR ED 21F. HOW DID INJURY Shove, held an Autopsy. In	ATT ST DOCCUR? ad - Left S DPSY spection or Inquiry	exact location) Lic. Le No hereon and f
EDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CALL 19A. DATE OF OPERATION 19B. I 19B.	PELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (c. g., is out home, farm, factory, etreet, office bidg., etreet, off	Pier Prepared Injury occur? Pier Prepared Injury occur? Pier Prepared Injury occur? Pound Iroun Shove, held an Autopsy, Infury, find that said decided an accident social process.	poccuri ad - Left so opsy spection or Inquiry eased died on the d L homicide \(\square\), under	exact location) blic. de Al hereon and fi lay stated ab termined
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 19B. I 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hot OF INJURY 1 53 3 1 22. I certify that I took charge of the evidence obtained by said	RELATED USING IT. MAJOR FINDINGS OF OPER IB. PLACE OF INJURY (e. g., is ust home, farm, factory, etreet, office bldg., e. HARBUR III) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK of the remains described at d. Autopsy, Inspection or I ulted from: natural causes	Pler PR ED 21F. HOW DID INJURY Bove, held an Autopsy, Infingury, find that said dee autopsy, find that said dee	ppsy topsy top	exact location) whereon and flay stated abtermined
MEDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CALL 19A. DATE OF OPERATION 19B. I 19A. DATE OF OPERATION 19B. I 19B	RELATED USING IT. MAJOR FINDINGS OF OPER IB. PLACE OF INJURY (e. g., is ust home, farm, factory, etreet, office bldg., e. HARBUR III) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK of the remains described at d. Autopsy, Inspection or I ulted from: natural causes	Pier PR 21c. WHERE DID (If INJURY OCCUR? PIER PR 21f. HOW DID INJURY bove, held an Auto Autopsy, In Inquiry, find that said dee Accident suicide Assistant medical ex As	ppsy topsy top	hereon and flay stated abtermined ATE SIGNED 1 2, 1953
MEDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 19B. I 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hor OF INJURY 1 33 31 22. I certify that I took charge of the evidence obtained by said and death in my opinion rest 23A. SIGNATURE	RELATED JSING IT. MAJOR FINDINGS OF OPER IB. PLACE OF INJURY (c. g., is in the control of the remains described at the contr	Pier PR 21c. WHERE DID (If INJURY OCCUR? PIER PR 21f. HOW DID INJURY bove, held an Auto Autopsy, In Inquiry, find that said dee Accident suicide Assistant medical ex As	ppsy spection or Inquiry eased died on the of homicide unde AMINER 23c. c. AMINER Apri AMINER Apri AMINER City town, or e	hereon and flay stated abtermined ATE SIGNED 1 2, 1953



	03 3409	BALTIMORE CITY HE	EALTH DEPARTMENT	3689
ВІ	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.
	NAME OF DECEASED ype or Print) JOSED W	Millman		2. DATE OF DEATH 4/2/3
	PLACE OF DEATH: Baltimore City, Maryland	inai Hospital	4. USUAL RESIDENCE (Whe	re deceased lived, If institution: residence B. COUNTY before admission
H	FULL NAME OF (If not in hospital or OSPITAL OR ISTITUTION	r institution, give street address or location)	c. CITY OR TOWN (If ou	side corporate limits, write RURAL and giv
14	Sue	>	Battime	ne 3-01 township
1		Yrs.	D. STREET ADDRESS (If rur	al, give location)
c.	gth of stay in Baltimore SEX [6.COLOR OR RACE] 7.	SINGLE, MARRIED.	8. DATE OF BIRTH	O. AGE (In years) If Under I Year If Under 24 Hours
٥.	m	WIDOWED, DIVORCED (Specify)	1/15/78	last birthday) Months Days Hours Min
10	A. USUAL OCCUPATION (Give kind of the form	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E
	not suown		not know	on
15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED FO a, no or unknown) (If you, give war or dates of a	DRCES? 16. SOCIAL SECURITY NO.	Mollie Mell	waw Jane
	18. 420.1	CAUSE	OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION DIF	RECTLY	1. 0	T . A 12.
	(This does not mean the mode of dheart failure, asthenia, etc. It means t	ying, e. g., (A)	te myscardeal	Infaction 12 hours
	injury or complication which caus	sed death.) DUE TO		
_	ANTECEDENT CAUSES	Dete	has siterale con	nasy & il almiora
O	DISEASES OR CONDITIONS, IF AN	NY, GIVING		
CATI	UNDERLYING CONDITION LAST.			
		<i>*</i>		
ERTIF	OTHER SIGNIFICANT CONDITION			
CE	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	AUSING IT.		
۲	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
DICA	21a. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (c. g., i	in or 21c. WHERE DID (If i	n Baltimore City, give exact location)
11	LYING OR CONTRIBUTING at CAUSE OF DEATH	bout home, farm, factory, street, office bldg	etc.) INJURY OCCUR?	
Σ	210. TIME (Month) (Day) (Year) (He	our) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	CCUR1
	OF INJURY	m. WHILE AT NOT WHILE		
	22. I hereby certify that I attend		4/2 1953 to 4/	L , 19 13 that I last saw th
	deceased alive on 4/2 1	1953, and that death occur		causes and on the date stated abov
	23A. SIGNATURE	. *	23B. ADDRESS	23c. DATE SIGNE
	a formed of	M. D.	ERY OR CREMATORY 24D. LOC	ATION (City, town, or county) (State
TI	AN BURIAU, CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	A OO	Ant ma
T.	ATE RECEIVED BY REGISTRAR'S S	3 Rosed	A5. FUNERAL DIRECTOR	ADDRESS
	OCAL REGISTRAR	+ WIII M3	DARK COLOR	- / to Po



1	Med. Ex Care - Rele	see & to 14	ost. 50	0000
	BALTIMORE CITY H		53	3690
BI	CERTIFICAT	E OF DEATH	Registered No	
1.	NAME OF DECEASED 2 4	Fuller	2. DATE OF DEATH MAN	ch 24 1953
3. A.	PLACE OF DEATH: Baltimore City, Maryland Orgal Room	4. USUAL RESIDENCE		stitution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address spiral OR location		foutside corporate limits,	write RURAL and give
	JOHNS HOPKINS HOSPITAL	Bali	turse	township)
1	Yrs. Mos		rural, give location)	1 20
	Dength of stay in Baltimore Day: SEX 6. CLOF OR RAGE 7. SINGLE, MARRIED.	8. DATE OF BIRTH		nder 1 Year If Under 24 Hours
Z	wide Chel WIDOWED, DIVORCED (Specif	3-3-1917	last birthday) Mont	ths Days Hours Min.
	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME	
7	ances ?. Marlon	Nusse	Vine	
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
4	18. 16.0 G CAUSE	OF DEATH	PKINS HOSPITAL	INTERVAL BETWEEN
				ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	rcinomatosis		Unknown
	ANTECEDENT CAUSES			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	•••••••••••••••••••••••••••••••••••••••	(0 ; 0 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·	
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FICATION	(C)			
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidge.		(If in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR		Y OCCUR?	
	m. WHILE AT NOT WHILE AT WORLD	E Done		
	22. I hereby certify that I attended the deceased from V	12 19 Oto_	the causes and on the	that I last saw the
	deceased alive on, 19, and that death occ	23B. ADDRESS	ine causes and on the	23c. DATE SIGNED
_	A. BURIAL, REMA- 24B. DATE 24C. NAME OF CEMET	JOHNS HOPKINS	HOSPITAL LOCATION (City, town, o	3-26-53 er county) (State)
TIC	A. BURIAL, TREMA- N, REMOVAL (Specify)	RSITY MEDICAL SCHOOL APR	1953	
L	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Misus, M.P.	ADDRESS
	VS 150 State Continue	al O		

Charlement Constant ROUGH FOR MAN

53 3391 BALTIMORE CITY HE CERTIFICATI	The state of the s			
1. NAME OF DECEASED (Type or Print)	2. DATE OF Obil 1 1953			
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, Minstitution, residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOPKINS HOSPITAL location)	c. CITY OR TOWN , (If outside corporate limits, write RURAL and give township			
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In year of Under I Vest Hours Min last birthday) on the Days Hours Min			
10A. USUAL OCCUPATION (Glvekind of Mork done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Delaware 12. CITIZEN OF WHAT COUNTRY U. S. A.			
13. FATHER'S NAME Emanuel Beach	14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANIOHNS HOPKINS HOSPITAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	eardial infants 12 days			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	YES NO			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factor, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (c. p. in or LYING) (If in Raltimore City, give INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from.	1953, to 4 - \ , 1953, that I last saw th			
deceased alive on 1925, and that death occur	red at 5.15 Am., from the causes and on the date stated above			
23A. SIGNATURE PULLAND Johns M. D. 2	red at 5.15 m., from the causes and on the date stated above 3. OPERS POPKINS HOSPITAL 23c. DATE SIGNED 1 20 1 5 RY OR CREMATORY 24d. LOCATION (City, town, or county) (State)			

Mt. Calvery Cem

Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

4-6-53

25. FUNERAL DIRECTOR

ADDRESS

Anne Arundel Co., Md

The state of the s James . 17 keem •

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3292

TH Registered No.

BIRTH NO.	
1. NAME OF DECEASED AMELIA SEUDO	tt 2. DATE OF DEATH APRIL 1, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If polal, give location)
c. Length of stay in Baltimore Life Mos. Days	211 S. Fulton AUE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR rork donodyring most of working life, oven if retired) / INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF VHAY COUNTRY?
HOUSEKEEPER VOMESTIC	MARYLAND U.S. H.
Michael Seubott	BARBURA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, givo war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No NoNE NONE 18. Hay 1 CAUSE	OF DEATH SEUBOTT 218 S. PAYSON ST.
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease,	lend scleible
injury or complication which caused death.) Due to	is - rando tras 4-48
ANTECEDENT CAUSES	Carried Markova E.
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	OVERTICLE M. D.
(c)	dans and rest, meeting thinkming
OTHER SIGNIFICANT CONDITIONS CON-	usue
TO THE DISEASE OF CONDITION CAUSING IT.	
- noue	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about homo, farm, factory, atroet, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	to 15, 19, that I last saw the
	rred at 5:36 1. m., from the causes and on the date stated above.
Jelle & Maran M. D.	1219 Japlan 4/2/53
246. BURIAL, CREMA- TION REMOVAL (Specify) 13 481AL APRIL 4,1953 NEW CATH	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	GEORGE L. Schwab 2101 HEELERICH AUE
VS 150	The transfer of the transfer of the

BALTIMORE CITY HEALTH DEPARTMENT

53 3293

				CERTIFICATI	E OF DEAT	H	Registere	d 110			
	RTH NO.										
1. (T ₃	NAME OF D		EDGETT				2. DATE OF DEATH	Apr.	2, 1	953	
Α		City, Maryland			4. USUAL RESIDI	ENCE (Wh	ere deceased lived B. COUNTY			residen re admi	
	SPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md.						
IN	STITUTION	2701 Elsin	or Ave.	and the same of th	c. CITY OR TOWN	,	utside corporate l	imits, wei	te RUI	RAL nn town	d giv nship
Y -					Baltimo			Jan C			
c.		tay in Baltimore		Yrs. Mos. Days	2701 Els			,			
	F	6. COLOR OR RACE	Wide	E, MARRIED. /ED, DIVORCED (Specify) DWed	Jan. 1, 18		9. AGE (In years last birthday) 82	If Under Months	Year Days	it Under 2 Hours	4 Hours Min.
Vork	done during most o	CUPATION (Give kind of of working life, even if retired) on Officer	Balto.	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		eign country)	12.	CITIZE	COUN	ITRY
13.	FATHER'S				14. MOTHER'S MA	IDEN NAM	ME		002	k .	
	Rev.	William Chamb	ers Ma	loy		aret H					
15. (Yes.	no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRI	ESS		-
	No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	Miss Lucil	le M. E	dgett A	bove			
ERTIFICATION	DISEASES	LEADING TO DEAT of not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication of the complication of the complication of the complication of the complete comp	und Sch	ewy (hems		3	My.	az		
CER	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D		•••••••••••	144114411441144			••••••••	100001000
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	20000	· · · · · · · · · · · · · · · · · · ·		20. A	UTOPS	SY?
3									YES	N	o L
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., in erm, fectory, street, office bldg., e	21c. WHERE D INJURY OCCU		in Baltimore Cit	ty, give e	xact lo	ocation))
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F. HOW DID	INJURY	OCCUR?				
			m.	WHILE AT NOT WHILE							
	22. I hereb deceased al 23A. SIGNAT			and that death occur			causes and or	n the do	ite sto		bove
TIO	A. BURIAL, C N. REMOVAL (S Burial	4/4/53		Druid Ridge	Cemetery	Pil	CATION (City, to		unty)	(S	tate)
	TE RECEIVE		SSIGNATU	IRE	25. FUNERAL DIR	ECTOR		ADI	DRESS		

5	516		F- 0	
E		EALTH DEPARTMENT	53 Registered No.	3294
BI	CERTIFICAT	E OF DEATH	Registered No.	
1. (T	NAME OF DECEASED Type or Print) WILSON HENRY Whi	Tfard	2. DATE OF DEATH 4-2	-53
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)		titution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address of spiral, OR location			
	203 E. 34Th St. Balt18 -	Baltimore (If o	outside corporate limits, w	township
1	Yrs.		ural, give location)	
c.	Mos. Days		st.	
5.	6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specification) White Widowed	8. DATE OF BIRTH	9. AGE (In years H Und last birthday) Month	s Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	II. BIRTHPLACE (State or for	reign country) 12	. CITIZEN OF
C	done during most of working life, even if retired) nauffeure (rtd) INDUSTR	GLENVILLE N.	V.	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
	William - Whit ford	atherine	MAYE	E
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	and standard	RESE 34HSX
	18. / CAUSE	OF DEATH	DURITY ROLL	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH		ONSET AND DEATH
		CONARY ThRON	mbosis	2 hrs.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			7
9/		, , , , , , , , , , , , , , , , , , , ,		
Z	(B) HICT	LERIO SCIEROS IS		
F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
ERTIFICATION	UNDERLYING CONDITION LAST.			
TIF	(C)			
R	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			CALL STATE
Ü	TO THE DISEASE OR CONDITION CAUSING IT.	PATION		20. AUTOPSY?
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION		YES NO
EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (c. g.		f in Baltimore City, give	
EC	HOMICIDE (Specify) about home, farm, factory, street, office bldg	s,,etc.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
K	FINJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from 4	-2 1953 to 4-	ر کے 195 کے ا	hat I last saw th
	deceased alive on, 19, and that death occ	(N 2)	ne causes and on the	
	23A. SIGNATURE	23B. ADDRESS	-111-1	BG. DATE SIGNED
0	M. BURIAL, CREMA- 24B, DATE 124C, NAME OF CEMET	JAMIN MEMBERS	CATION (City, twn, or	county) (State)
TI	ON, REMOVAL (Specify)		to., Md.	(beate)
	Burial 4/0/53 New Cathed	25. FUNERAL DIRECTOR		DDRESS
	OCAL REGISTRAR	10 0/10m (13/1	1 1.1 6	ns
4	PR 3-1953 TimoTanglor Melacalles Mo	1. Will. J. V. W	your I say	

VS 150

25. FUNERAL DIRECTOR LICENST LANDRESS
BUELO 17, Md.

-	50	
53	3295	
BIRTH N	D.	

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE April 2, 1953 WILLIAM JOSEPH SMITH OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Incation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 939 N. Calvert St. INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2/27 E. Federal St. Davs 9. AGE (In years If Under I Year Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH June 21, 1903 49 male white married 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Maryland Navy Inspector U. S. Govit. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Frederick William Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Margaret Smith - 2427 E. Federal St. INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK , 1955, to 2 km , 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ deecased alive on 12, 16 m 1913. and that death occurred at non m., from the eduses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED MUMM W"Imm 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial 1/6/53 Parkwood Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR

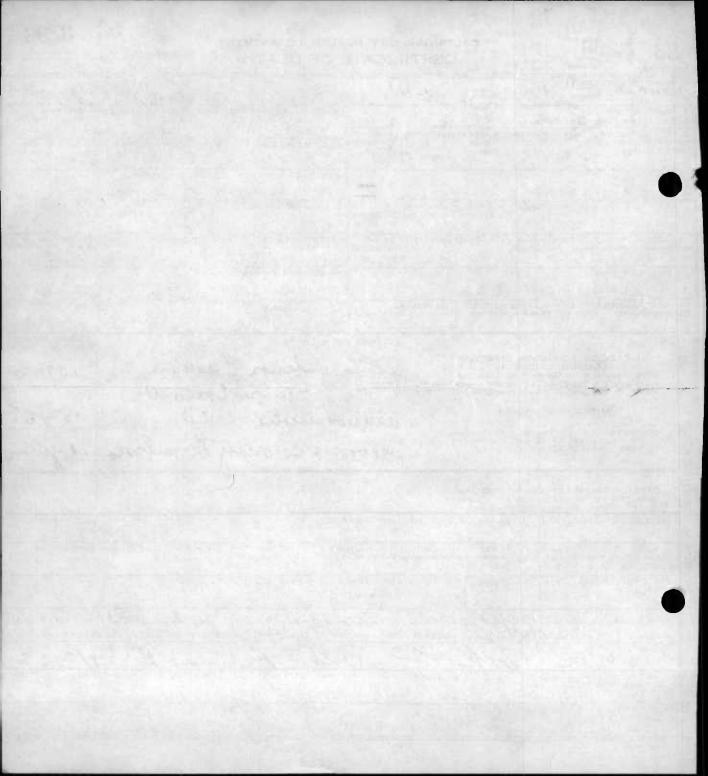
VS 150

i

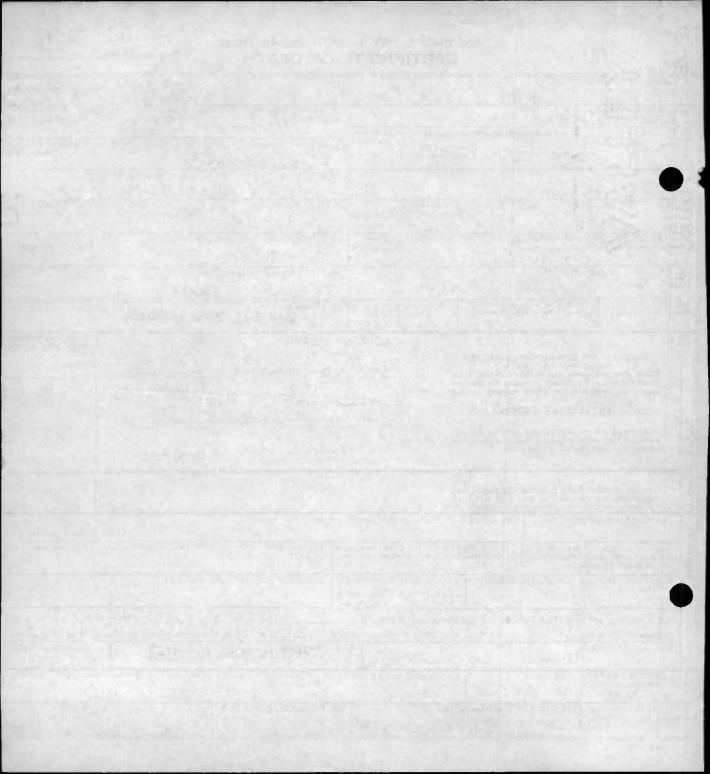
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH/ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) TIMORE (If not in hospital or institution, give street address or JALTIMORE HOSPITAL OR location) (If outside corporate limits, write RURAL and give FLNORD LTIMOR Yrs. (If rural, give location) noth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Givekind of IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY FIRE MAN U.S. A. VEPARTMENT 13. FATHER'S NAME FORGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or uoknowo) SECURITY NO. 14-20-4696 119 N. BELNORD No MRC. CATHERINE INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 10 min (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If In Baltimore City, glvc exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that Lattended the deceased from 36 1951, 19 to anul 193 that I last saw the deceased alive on march 31, 19,53, and that death occurred at 1159 Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23C. PATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY ECMER DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR martinition VILLALOW-, MY ABROWSKI

VS 150

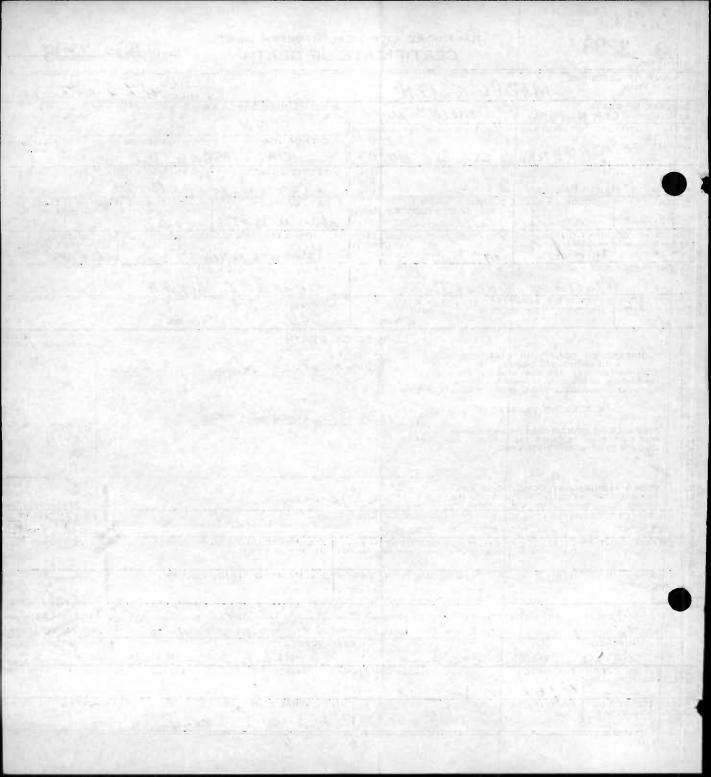


-300			*	
	BALTIMORE CITY HE	ALTH DEPARTMENT	53	3297
53 3297	CERTIFICATI		Registered N	D
1. NAME OF DECEASED (Type or Print)	et B. Lloya	L	2. DATE DE .	2-195-3
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution residence before admission)
HOSPITAL OR	or institution, give street address or location)	C, CYTY OR TOWN (IE	B)	12 70.
JOHNS HOPKI	NS HOSPITAL	Likesny	le	write RURAL and give township)
	Yrs. Mos.	D'STREET ADDRESS THE	ural, give location)	P
c. Length of stay in Baltimore	Days	1013 N.	masor	road
male White	VINGLE, MARKED, WIDOWED DEVOCED (Specify)	6-30-82		ths Days Hours Min.
MOA USUAL OCCUPATION (Give kind of 1 work done dyeing most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
retired W.S. Posta	Pruplyce	9, Jallunor	2	UIS A
13. FATHER'S NAME	10.01	14. MOTHER'S MAIDEN NA	ME PI	
Jover Teese	xear	Unive Wr	eghx	
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) 11 yes, give war or date of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HOPK	NS HOSPITAL AD	DRESS
18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY C 1	1.1.	1 4	ONSET AND DEATH
(This does not mean the mode of	lying, e.g., (A) Marie	- myreached is	fachin	
heart failure, asthenia, etc. It means injury or complication which caus	the discase, sed death.) DUE TO		/	
ANTECEDENT CAUSES	H 7	·	0 4.	
DISEASES OR CONDITIONS, IF A	NV CIVING	mure milling	Muhi	****
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	ATING THE DUE TO	1. 8	_ `	
S S S S S S S S S S S S S S S S S S S	(C)	umsum N	Alle	*****
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO				
OTHER SIGNIFICANT CONDITION				
U TO THE DISEASE OR CONDITION C.				
19a. DATE OF OPERATION 19B	. MAJOR FINDINGS OF OPER	ATION		YES NO NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e.g., in		in Baltimore City, gi	
	bout home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (H	Iour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I atten	1/-	- / 1953, to 4	- 2 1953	that I last saw the
	19 33 and that death occur	red at 13 m., from th		date stated above.
23A. SIGNATURE	2	38. ADDRING HOPKINS	HOSPITAN	23c. DATE SIGNED
1 Jumin C	M. D.			7-2-53
24A BURIAL, CREMAN 24B. DATE TION, REMOVAL (Specify)	3 Foul M	Park Pin	Etimore: N	(State)
DATE RECEIVED BY REGISTRAR'S	L 14/61 . 6/25	25 FUNERAL DIRECTOR	DUE OF P	ADDRESS
	Ton Willialite Mig	manic / 4 : 1	with the	resorve le ma
VS 150	29/	90		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 3298

BI	RTH NO.				- 0 22/1111		
(T	NAME OF D ype or Print)	MAI	BEL K	EITH		2. DATE OF DEATH	2/53
A.		City, Maryland		LIN SQUARE	4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution; residence before admission)
HO	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution	on, give street address or location)	C. CITY OR TOWN	If outside corporate li	nits, write RURAL and give
3	SITUTION	FRRHNKL	IN 504	TARE HOSP.	BALTIN		2-0-0 township)
9	ngth of s	tay in Baltimore	21 4/13	Yrs. Mos. Days	2756 / Will	kens av	
5.	SEX	6. COLOR OR RACE	7. SINGLE		8. PATE OF BIRTH	9. AGE (In years last birthday)	It Under 1 Year It Under 24 Hours
10	TEMALE OF	CUPATION (Give kind of		owed	May 11, 1895	57425.	
vork	doos during most	of working life, even if retired)	10B. KIND	INDUSTRY	11. BIRT IPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
	FATHER'S		at P	lowe	14. MOTHER'S MAIDEN N	IA NAME	U.84-
	- L	VILLIAM	BROOK	E	MACARET	RYAN	
15 (Yes	. WAS DECEASI	D EVER IN U.S. ARMEI	D FORCES? 1	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NG			NONE	SON	Same	
	18. 42.	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
-	/	E OR CONDITION	DIRECTLY		-0 .	1.	ONSET AND DEATH
	(This does	not mean the mode	TH of dying, e.g.	(A) Con	gestive Her	at tacker	u l
	heart failu	re, asthenia, etc. It mes complication which	ans the disease		***************************************		
	111,017			, 502.10			
-		ANTECEDENT CAUS	SES	an	Euros cleros	es ·	
ō		S OR CONDITIONS, I					
- A		HE ABOVE CAUSE (A)		E DUE TO			
2							
		11		(C)			
ER	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE!		remia		
				FINDINGS OF OPER	ATION		20. AUT@PSY?
₹		7			District Edge		YES NO
EDIC	HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., ic rm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)
2	210. TIME (Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
	OF INSURT			HILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 3 -	24 1953	-2 19	3, that I last saw the
		ive on 4-2	. 1953 a	and that death occur	red at 4:500 m., from	the causes and on	the date stated above.
	23A. SIGNA		\	2	38. ADDRESS		23c. DATE SIGNED
		agin (se	inau	uber M.D.	TRANKLIKS	QUARE HOSE	4-2-53
710	A. BURIAL, ON, REMOVAL (S	pecify 248. DATE	537 7	Loudon Pa	26 Gen. 380	1 Frederic	vn, or county) (State)
	TE RECEIVE		S SIGNATUR		25 FUNERAL DIRECTOR	1 sureuc	ADDRESS JY
LC	APK 3	1551 Hante	notion	ABBUALLAND ME	tohin of Con	wen & Son	Hollus
	VS 150		0	/			



-600

53 3299

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3299 Registered No.

				ERITICAL	E OF DEATH	registeret	u 110,
	H NO.						
1. NA (Type	AME OF D		brielle	Mayer		2. DATE OF DEATH AP	ril 2, 1953
	ACE OF D	EATH: City, Maryland		A FILL BL	4. USUAL RESIDENCE	CE (Where deceased lived, B. COUNTY	If institution: residence before admission)
B. FU	LL NAME		al or institution	, give street address or location)	Maryla	and	
INST	ITUTION	3230 Mon	tebello	Terrace	c. CITY OR TOWN Baltir		mits, write RURAL and give township)
				Yrs. Mos.		(If rural, give location)	
		tay in Baltimore		Days		tebello Tern	
5. SE	x male	white	7. SINGLE, WIDOWEL	MARRIED. D, DIVORCED (Specify) LOWED	Nov. 4, 1862	9. AGE (In years last hirthday)	Months Days Hours Min.
10A. I	USUAL OC	CUPATION (Give kind of		F BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
work don	at hor	of working life, even if retired)		INDUSTRY	New York, Ne		WHAT COUNTRY
13. F	ATHER'S	IAME	7.14		14. MOTHER'S MAIDE		
	_	Grossi			Pauline Mar	rtinetti	
15. W (Yes, no	AS DECEASI	D EVER IN U. S. ARMEE (If yes, give war or date)	FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Terrac
					Mr. Fred. A.	Leslie,323	0 Montebello
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION I	I'H f dying, e. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE ST. TIONS CDN- NOT RELATED CAUSING IT.	(A) DUE TO (B) DUE TO (C) SINDINGS OF OPER	Pronch Joses on The ol	ue la deen	Heay
	A. DATE C	O PERATION O	SB. MAJOR P	INDINGS OF OPER	A110N		YES NO
L	1A. ACCID	ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., la a,factory,street,office bldg.,e		(If in Baltimore City	y, give exact location)
2	ID. TIME	Month) (Day) (Year)	WHI	LE AT NOT WHILE	21F. HOW DID IN	JURY OCCUR?	
de	cceased al			d that death occur	red at 6 A.m., fr.	o Z Herl, 19 om the causes and on	that I last saw the the date stated above.
	The Na		rela	M. D.	H>11 Ro	Eand are	2 CALL G
TION.	Burial, (S Buria.			c. NAME OF CEMETE Loudon Park		Baltimore	
	RECEIVE REGIST		s SIGNATURE	Illiams Mg	Leonard J	1 nuck	ADDRESS Harford Road.
	VS 150		Λ	,	- //		

Dr. Wichols Av. 4711 Roland Av. 7 P.M. Appt.

esp ^e	000	Į.	
BI	1.6	E OF DEATH Registered N	3 3300
	NAME OF DECEASED Specific Solution of Security	uth 2. DATE OF DEATH 3	-31-53
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission)
	DISPITAL OR STITUTION 2927 Gastom Chre	Ballo - md	write RURAL and give
c.	Days		Re
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATÉ OF BÍRTH 9. AGE (In years last birthday)	Under 1 Year If Under 24 Hours nths Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR done during most of working life, even If retired) Out to hear heart		12. CITIZEN OF WHAT COUNTRY
	Examples Smith	Margoret.	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) SECURITY NO.	Mcda Pine Cidanes	DORESS - Dame
	18. /57X, CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Ceirnea Land of	2 200.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	feucrine (7
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	hrma Wyocardeter	
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

20. AUTOPSY

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21E. INJURY OCCURRED

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

(If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from

19___, that I last saw the m. from the causes and on the date stated above.

misc 248, DATE

deceased alive on HI

23A. S SNATURE

and that death occurred at 3:10

238. ADDRESS

23c, DATE SIGNED (State)

24A. BURIAL. CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

REGISTRAR'S SIGNATURE

untruston

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

ADDRESS

VS 150

LOCAL REGISTRAR

MEDICAL

MAF/ 164935 53 3301.

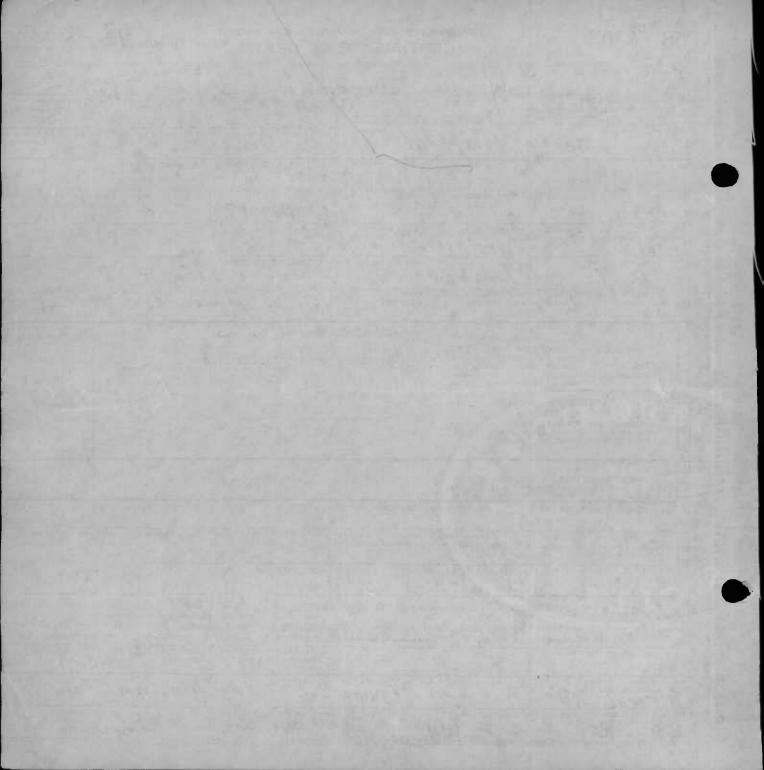
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3301. Registered No.

BI	RIH NO.						
1. NAME OF DECEASED (Type or Print) Charles Richard Harris						2. DATE OF Apr. 2	, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (WA. STATE Naryland	Where deceased lived. If i B. COUNTY	nstitution : residence before admission)
HC	HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			Baltimore	13-	, write RURAL and give township)	
c.		tay in Baltimore	45 :	Yrs. Mos. Days	D. STREET ADDRESS (If 3357 Chestm	ut Ave.	
	Male	6.COLOR OR RACE	1484.	, MARRIED, ED, DIVORCED (Specify) COL	Jan. 25, 1871	9. AGE (in years if Mor	Under) Year # Under 24 Hnus hths Days Hours Min.
work	done during most	CUPATION (Givekind of for working life, even if retired) DENTET	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Mary land	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	. FATHER'S 1	Charles R		8	14. MOTHER'S MAIDEN NA	AME	
15 (Yes	. WAS DECEASE , no or nnknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4940	Eastern Ave.	(records)
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Carcinoma, Prostate (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED Unresolved Pneumonia						orae
	Nov. 14	, 1952 V	Inguina	FINDINGS OF OPER 1 hernia			20, AUTOPSY?
MEDICAL	LYING OF		about bome, fa	CE OF INJURY (o. g., is rm,factory,street,officebldg.,	btc.) INJURY OCCUR?	If in Baltlmore City, g	ive exact location)
	OF INJURY	(Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK			
	22. I hereb deceased at 23A. SIGNA		ended the , 19 <u>53</u> , d	and that death occur	11-13 , 1952, to red at 2:30A m., from t 38. ADDRESS 240 Eastern Ave.,	he causes and on th	, that I last saw the e date stated above. 23c. DATE SIGNED 4-2-53
Z	NA. BURIAL.	pechy 4/4/	53 2	M. D. M. B. C. Ac. NAME OF CEMETE More lau	RY OR CREMATORY 24D. L	OCATION (City, town,	- //
	ATE RECEIVE DCAL REGIST		SSIGNATU	diams, Not	25. FUNERAL DIRECTOR	1217 St. Pa	ADDRESS

A SHARE THE APPLE OF THE RESERVE AND ADDRESS OF THE PARTY OF THE

B) उत्तर्थक्ष			53 Registered No.	3302	
3 A. B. H	PLACE OF DEATH: Baltimore City, Maryland FILL NAME OF f not in hospital or instit	cution, give street address or	A. STATE MOL.	B. COUNTY		
c	Length of stay in Baltimore SEX 6.COLOR DR RACE 7. SING	Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location) 280/ Street 8. DATE OF BIRTH 9. AGE (In years 11 Under 24 Hours 12 Under 24 Hours 13 Under 24 Hours 13 Under 24 Hours 14 Under 24 Hours 14 Under 24 Hours 15 Under 24 Hours 15 Under 24 Hours 16 Under 24 Hours 16 Under 24 Hours 17 Under 24 Hours 17 Under 24 Hours 18 Under 24			
C	A. USUAL OCCUPATION (Givekind of Albahaman Albahaman Industrial Management of Working life, even if retired) FATHER'S NAME	NO OF BUSINESS OR OF PETALINAL MINDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY TEX S 14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT C/archan 2801'						
FICATION	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused defaulted and ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GITTER	e.g., (A) Coronar case, ath.) DUE TO	y Artery Sclerosi:	S	INTERVAL BETWEEN	
CERTII	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED	ATION		20. AUTOPSY?	
DICAL				in Baltimore City, give	exact location)	
ME		WHILE AT NOT WHILE AT WORK				
	Autopsy, Inspection for Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased flied on the day stated above and death in my opinion resulted from: natural causes [4], accident [7], suicide [7], homicide [7], undetermined [7].					
TI	4A. BURIAL, CREMA: 24B.DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	ASSISTANT MEDICAL E LD. MEDICAL INVESTIGATO RY OR CREMATORY 240. LC	CAMINER	tounty) (State)	
DJ	ATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR 1953	TURE MY	25. FUNERAL DIRECTOR	2-114 -	DDRESS	
	MEDICAL CERTIFICATION	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF f not in hospital or instit HOSPITAL OR INSTITUTION METCY C. Length of stay in Baltimore 5. SEX 6. COLOR DR RACE, 7. SING WIDE W. 10A. USUAL OCCUPATION (Givekind of WIDE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. H201 DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused dei ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIP RISE TD THE ABBUVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE DR CONDITION CAUSING TO THE DISEASE DR CONDITIO	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: 4. Baltimore City, Maryland 5. FULL NAME OF (not in hospital or institution, give street address or hospital to restrict the property of the stay in Baltimore 5. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 6. COLOR RACE. 7. SINGLE. MARRIED. Days 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. Days 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. SAVE THE SINGLE MARRIED. SAVE THE SINGLE MARRIED. SAVE THE SINGLE MARRIED. SAVE THE SINGLE MARRIED. DAYS 8. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. SAVE THE SINGLE MARRIED. SAVE THE SINGLE MARRIED. SAVE THE SINGLE MARRIED. DAYS 9. C. Length of stay in Baltimore 1. SEX (S. COLOR RACE. 7. SINGLE. MARRIED. SAVE THE SAVE TH	NAME OF DECEASED ROW MC Clanahahahahahahahahahahahahahahahahahaha	BIRTH NO. I. NAME OF DECASED (Type or Print) S. PLACE OF DEATH P. PLACE OF DEAT	



BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF APRIL 1, 1953 WILLIAM DAUTERICK (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 62 S. MINAS TELY (If outside corporate limits, write RURAL and give BALIIMONE o. STREET ADDRESS (If rural, give location) Yrs. Mos. 62 S. MONASTERV th of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 5-21-18.59 Widowel 108. KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) FNDLOVED INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AuTerich EVER IN U. S. ARMED FORCES? 16. SOCIAL Louise Fischer 62 S. Mandstery Ave. Yes, no or unknown) SECURITY NO. 18. 462.1 CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., esophesese Vory heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? NOT WHILE Rebel 1, 195) that I last saw the 22. I hereby eertify that I attended the deceased from. 19 43 to deceased alive on 3/29 195 and that death occurred at. _m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify)

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

53 3304 BIRTH NO.

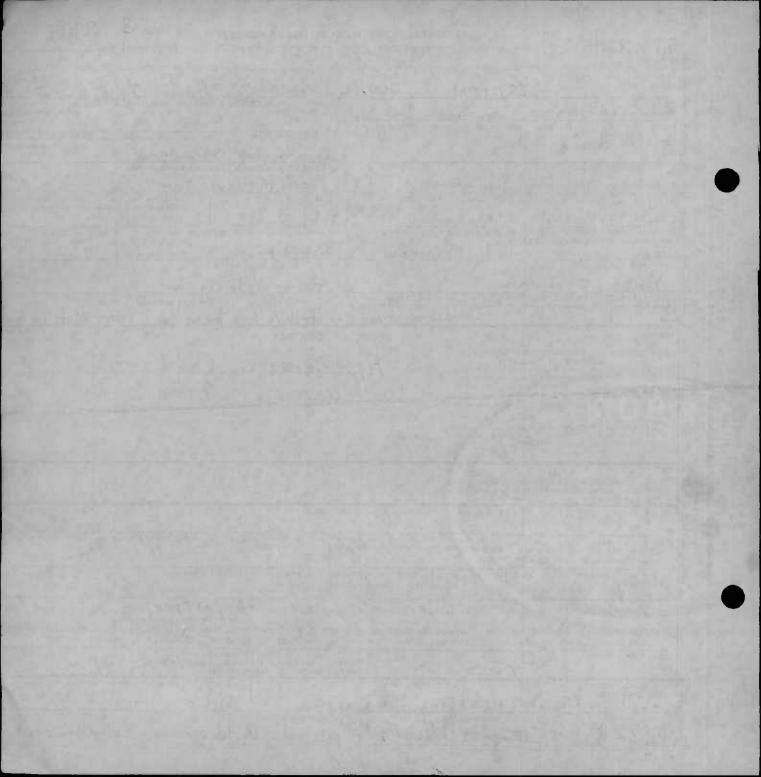
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3304 Registered No.

BIRTH NO.	- OI DEATH
Type or Print) John H. SchuhMA	cher 2. DATE OF APRIL \$ 1953
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	MANYLAND
NSTITUTION 341 8. Famour Set location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Manager Land	BALTIMORE 20 - (township)
Yrs.	D. STREET ADDRESS (If rural, give location)
E. Length of stay in Baltimore 5 3 76. Mos. Days	321 FAMOW ST. (FURROW)
MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Indee I) 12-17-1899 9. AGE (In years II Under I) Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk doge during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
LUM DEL	BALTO. Md. 24 S A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Phillp Is. Schuh Machen	DONA M. KIEFEL
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL [68, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT
(If yes, give war or dates of service) SECURITY NO.	Dorothy HogArty 2367 METAIT MOUNT
18. 416 X CAUSE (OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Al A DEATH
(This does not mean the mode of dying, e.g., (A)	Theusale food Lycs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	dian
ANTECEDENT CAUSES	1 2
(B)	Programa emboles I dely
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NOC
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
	10494 H 2 1 210 11 11 11
deccased alive on 24 , 19 S., and that death occur	red at, from the causes and on the date stated above.
	3B. ADDRESS 2 23c. DATE SIGNED
Mercura Illill InDM.D.	2030 (Welly 1919 4 12/1/2)
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETEI	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bureal april 7,1953 Loudon, Pa	rh Com. Balto. Maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 3 1931 Huntington Williams My	of Triman Schuel 4 ve.

57424

17			DALTI	MODE CITY U	PALTH DEDAD	T-1 4 1 1	Jo	3 3305
	53 3;	305			E OF DEAT		Registered	d No.
	NAME OF Daype or Print)	DECEASED	DITH	Joh	hson		2. DATE OF DEATH	-12/53
A.	Baltimore	City, Maryland	BALTIMO	TE CITY MA	4. USUAL RESII	DENCE (Who		. If institution: residence before admission
II H	FULL NAME OSPITAL OR ISTITUTION	Provident H		give street address of location		'N (If ou	tside corporate li	mits write RURAL and giv
	9		9	Yrs.	BALTIM		gazland	11 4 7
	Langth of	stay in Baltimore	1:1	Mos.	1307 M			
	SEX	6.COLOR OR RACE	17. SINGLE. N	ARRIED,	8. DATE OF BIR		AGE (in years)	I Under 1 Year Il Under 24 Hour
F	cmale	negro	MARR	DIVORCED (Specify	July 26, 1	827	last birthday)	Months Days Hours Min
10	A. USUAL OC	CUPATION (Give kind o	I JOB. KIND O	F BUSINESS OR	11. BIRTHPLACE			12. CITIZEN OF
Wor	CIERK	of working life, even if retired		INDUSTR'	BALTIN	DEE M	proland.	WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S M		E	1 001
	HARR	24 O. Wilson	n		FANNIE	O'N	Ein	
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT		itus band)	ADDRESS
	No		a	12-03-0310	Hrthur	h. Johns	on Se. 1	307 MADUON A
	18. 44	/3 x 1		CAUSE	OF DEATH			INTERVAL BETWEE
	DISEA	SE OR CONDITION		11	1 4 .	P		
		s not mean the mode	of dying, e.g.,	(A)	bertensiv			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Valcular Disease							
	ANTECEDENT CAUSES							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							
TION		THE ABOVE CAUSE (A YING CONDITION L		DUE TO				
CA				(C)				
RTIFI	OTHER :	II SIGNIFICANT COND	ITIONS CON-					
ER		G TO THE DEATH, BUT						
Ü		THE RESERVE AND ADDRESS OF THE PARTY OF THE	INDINGS OF OPE	RATION			20. AUTOPSY?	
AL				or musey (21c WHERE	DID (It i	in Poltimore City	y, give exact location)
EDIC,	UNDERLYIN	NAL CAUSE WAS NG OR CONTRIB CAUSE OF DEATH	about home, farm	OF INJURY (e. g.,	in or 21c. WHERE etc.) INJURY OCC	UR?	n Daitimore City	y, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	WHI	LE AT NOT WHILE		D INJURY O	OCCUR?	
	22. I certi	ify that I took cha	rge of the rc	mains described	above, held an _	Insper	ction	thereon and from
	the ev	ridence obtained by	said Autops	u. Inspection or	Inquiry, find the	Autops, Ins	spection or Inqui-	the day stated abov
	and de	cath in my opinion	resulted from	m: natural cause	es 🙀, accident 🗌	, suicide], homicide [], undetermined \square .
	23A. SIGNA	TURE RA	Fishe		ASSISTANT I	MEDICAL EX VESTIGATOR	AMINER	23c. DATE SIGNED 4/3/53
	4A. BURIAL, ON, REMOVAL (240	. NAME OF CEMET	ERY OR CREMATOR	Y 24D. LOC	ATION (City, to	wn, or county) (State)
	Jorial	April "			METERY		urus m	d.
	ATE RECEIVE	rnan I all a	SSIGNATURE	7.67" . 64	Sewis	a. He	my, (Camb, md,
V	S 151		0	3907	3			



53 - 3306

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH March 31,1953 Charles Leroy Albiker 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 332 S. Mount St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1931 Wilhelm St. Life th of stay in Baltimore Davs 9. AGE (In years | If Under | Year If Under 24 Hours 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Married Aug. 27, 1910 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givakindal) 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? ork done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary A. Albiker Charles C. Albiker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If you, give w SECURITY NO. Alberta C. Albiker 1931 Wilhelm St INTERVAL BETWEEN CAUSE OF DEATH 18. 20.1 ew minutes DISEASE OR CONDITION DIRECTLY (A) Coronary Thrombosis (Posterior) LEADING TO DEATH
(This does not mean the mode of dying, e.g., revious heart failure, asthonia, etc. It means the disease, attack injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Novem. 25, , 1952, to Narch 31 , 19 53 that I last saw the deceased alive on Mar. 31, 1953, and that death occurred at 1:15Pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4106 Edmondson Avenue

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Burial

April 4,1958 St. Pauls

25 FONERAL DIRECTO

Mioletsville.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

VS 150

La A. Chelinia W. Colt on

1. NAME OF DECEASED (Type or Print)

B. FULL NAME OF HOSPITAL OR INSTITUTION

3. PLACE OF DEATH:
A. Baltimore City, Maryland

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Md.

Charles J. Scheper

(If not in hospital or institution, give street address or

Registered No

2. DATE OF April 3,1953

4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)

HOSPITAL OR NSTITUTION St. Joseph's Hospital location) 1400 N. Caroline St.				c. CITY OR TOWN (If Baltimore		ts, write RURAL and give township)
c. Lech of s	tay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS (If 2604 McElderry		
Male	6.COLOR OR RACE	WIDOW	E. MARRIED. ZED, DIVORCED (Specify) Arried	8. DATE OF BIRTH July 4, 1910	9. AGE (In years last birthday) Mo	U Under 1 Year If Under 24 Hours onths Days Hours Min.
loa. USUAL OC ork done during most of Laundry S	CUPATION (Give kind of f working life, even if retired) alesman		of Business or INDUSTRY Balto. Laundry	II. BIRTHPLACE (State or for Baltimore	oreign country)	USA USA
3. FATHER'S N	Charles	J. Sche	per	14. MOTHER'S MAIDEN N Minni	AME Louise Ries	elman
15. WAS DECEASI (ee, no or nnknown) NO	ED EVER IN U, S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Margaret Gu		oddress vife, above
(This does	F A I I I I I I I I I I I I I I I I I I	rH f dying, e.g ns the discas	(A) Hype:	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.) ANTECEDENT CAUSES (B) Congestive Heart Failure DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Nephrosclerosis						
TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D		116	
19A. DATE C	PF OPERATION 0 1		FINDINGS OF OPER			20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA ebout home, f	CE OF INJURY (e. g., in erm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
2 ID. TIME OF INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE	21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the deceased from March 21. , 1953, to April 3. , 1953, that I last saw the deceased alive on April 3. , 1953, and that death occurred at 5:05 AM, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED April 3, 153 4A. BURAL CREMA- ON, REMOVAL (Specify) Burial Apr. 7, 1953 Holy Redeemer Cemetery Belair Rd., Baltimore, Md.						
DATE RECEIVE	D BY REGISTRAR	- PT-07	RE/// //	25. FUNERAL DIRECTOR Schimunek Funera 2601-3-5 F. Madi	r Rd., Balti	ADDRESS
VS 150		GZ.	h #	fe		

and the second second second The same will be a supplied to the same of the same of

-100	
1, 2	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) SAMUE SCh	epf 635-496 OF APR 1 - 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	A. SUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL JOHNS HOPKINS HOSPITAL	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Seth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specification of the color o	1 8. OATE OF BIRTH 9. AGE (In years) If Under I Year 1 If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) Steam Fireman Maxwed Maxwed INDUSTR National Distillers	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME unknown	Baltimore, Md. U.S.A. 14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 216-01-4335	17. INFORMANTS HOPKINS HOSPITAL ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	farction of Heart 2 days uary Thrombosis 2 days terios clerosis pears
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY MILLE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 3 deceased alive on 4-1-, 1953, and that death occur	erred at & mechn., from the eauses and on the date stated above
Julia Dusculla. D.	238. A POHNS HOPKINS HOSPITAL 23c. DATE SIGNED
Burial Apr. 6, 1953 Oak Lawn Ceme	
PATE RECEIVED BY CALL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

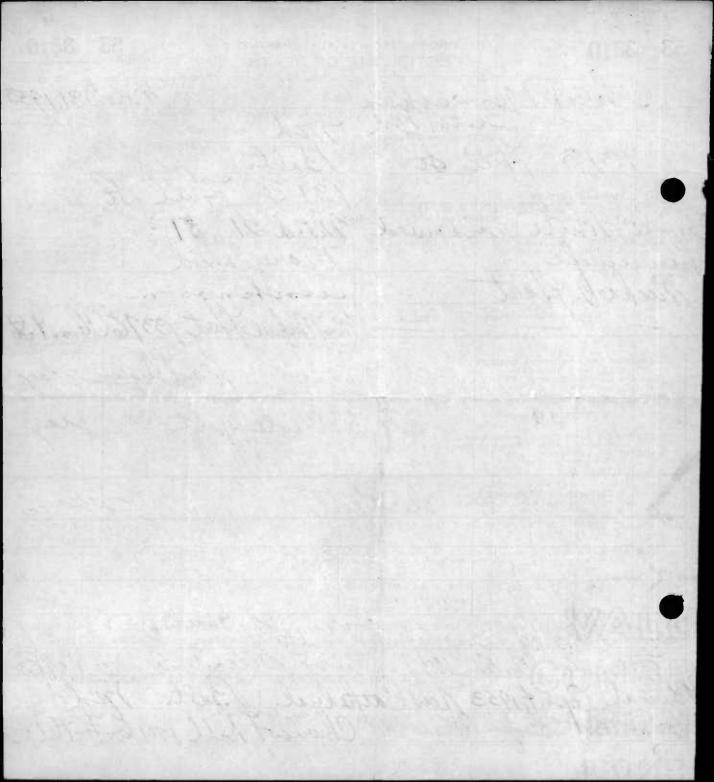
- 6C - ANT - 1 ANT -SAME TO THE GROOM TO SELECT THE S

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.		CI	ERTIFICAT	E OF DEATI	H Reg	gistered No.	4000
(Type or Pr	TITITION	AMELIA	DYOTT		2. DATE OF DEATE		7 7052
A. Baltimo	of DEATH: re City, Maryland			4. USUAL RESIDE	NCE (Where deceas	sed lived. If inst	titution: residence
B. FULL NA	ME OF (If not in hosp	ital or institution,	give street address or	Mary]		YTNUC	before admission
INSTITUTIO	N	011-11	location)	C. CITY OR TOWN	(If outside corr	posite limits, w	rite RURAL and g
17-03	Darcimore	City Morg		Balti		9	townsh
c. Length	of stay in Baltimore		45 Yrs. Mos. Days		Harford Ave		
Femal			ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH 3-30-1890	9. AGE (last bir	thday) Menth	s Days Hours Mi
MOLE GODE GREINS	OCCUPATION (Give kind most of working life, even if retires Sewife	of 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S New York	tate or foreign count		CITIZEN OF
13. FATHER				14. MOTHER'S MAI	DEN NAME		
	h Brovey			Lille McGu			
15. WAS DEC (Yes, uo or unkn	EASED EVER IN U.S. ARMI (If yes, give war or da None	ED FORCES? 16 tes of service)	SECURITY NO.	17. INFORMANT Mrs.James L	.Sherwood-4	Ol Cak F	RESS Orest Ave.
C DISEA RISE UNDE	EASE OR CONDITION LEADING TO DE. does not mean the mode failure, asthenia, etc. It me or complication which ANTECEDENT CAU ASES OR CONDITIONS, THE ABOVE CAUSE (A RLYING CONDITION L R SIGNIFICANT CONE	of dying. e.g., eans the disease, caused death.) ISES IF ANY, GIVING DEATH OF THE LAST.		dial failure tensive card		disease	ONSET AND DEA
山 TO TH	TING TO THE DEATH, BUT E DISEASE OR CONDITIO	NOT RELATED		••••			
U 19A. DAT	E OF OPERATION		DINGS OF OPERA				20. AUTOPSY?
U 21A. EXT UNDERLY UTING L	ERNAL CAUSE WAS ING [] OR CONTRIB CAUSE OF DEATH	about home, farm, fa	OF INJURY (e. g., in actory, street, office bldg., et	or 21c. WHERE DII	D (If in Baltimo	ore City, give	exact location)
OF INJU		m. WHILE	K AT WORK		NJURY OCCUR?		
22. I ce	rtify that I took cha	rge of the rem	ains described al	bove, held an ins	pection & in	nquiry th	nereon and fro
the and	evidence obtained by death in my opinion	said Autonsu.	Inspection or In	auirn find that c	lopsy, Inspection or	Inquiry	as ataind when
23A. SIG	NATURE RAG	Esse	M.1	238. CHIEF MED ASSISTANT MED	DICAL EXAMINER.	XI 23c. D	ATE SIGNED
24A. BURIAN TION, REMOVA			NAME OF CEMETER	Y OR CREMATORY	24D. LOCATION (C		-///
Buria		3 Wo	odlawn Ceme		Woodlawn, Bal	to:Co.Ma	
DATE RECEI	STRAR-	S SIGNATURE		George J.Rut	CTOR	ADI	DRESS

tiple of the loss of the land of the land of the Action of the contract of the down and the street, the street of the street

	242				
В	53 3310	CERTIFICATI		Registered No.	3310
	NAME OF DECEASED MC	Laughlin	/	2. DATE Mares	131,195
Α.	Baltimore City, Maryland	Palta md	4. USUAL RESIDENCE (W	here deceased lived. If insti B. COUNTY	tution: residence before admission)
H	FULL NAME OF (If not in hospital or in OSPITAL OR ISTITUTION 3	estitution, give street address or location)	c. CITY OR TOWN (If	outside of orale Januar wa	RURAL and give township)
_	gth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS NE	aval give location)	
37.	SEX / 6.COLOR OR RACE 7.S	Days INGLE, MARRIED, //IDOWED/DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years If under last birthday) Months	
1C word	done during most of working life oven if retired)	KIND OF BUSINESS OR INDUSTRY	IL BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13	ALISEMULE S NAME		14. MOTHER'S MAIDEN NA	AME I	
No	5. WAS DECEASED EVER IN U. S. ARMED FORC 10, no or unknown) (If you, give war or dates of ser	CES? 16. SOCIAL	J7. INFORMANT	ADDER ADDER	258 //
(10			Millichail Ho	vet 133760	Circul St.
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying)	CTLY	of DEATH		INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. It means the injury or complication which caused	disease, death.) DUE TO	016		
NOI	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI	GIVING (B) CLUI	Elistery	the	3 day
ICAT	UNDERLYING CONDITION LAST.	(C)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED NI 1 11,	etes	2	year.
		AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. 21 LYING OR CONTRIBUTING about CAUSE OF DEATH	B. PLACE OF INJURY (e. g., it thome, farm, factory, street, office bldg., e	or 21c. WHERE DID (It	in Baltimore City, give	exact location)
W	21D. TIME (Month) (Day) (Year) (House	m. WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I attended	d the deceased from	ne 1950, to 9	nard3/, 19537	
j	deceased alive on 7 [30], 195 23A. SGNATURE		38. ADDRESS Plus	re causes and on the d	ate stated above. BC. DATE SIGNED
1	DE REMOVAL (STOCKEY)	3 Hew att	RY/OR GREMATORY 24D. YO	Parto M	2 d.
L	ATE RECEIVED BY REGISTRAR'S SIG	10111	Charles Ni	11 150/6-	Frit Cal
	VS 150		1	V	

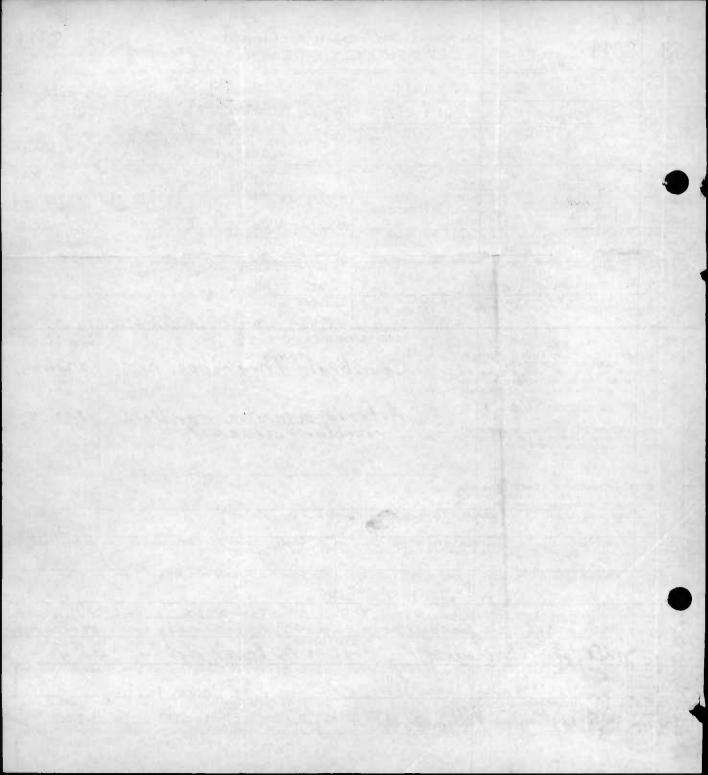


-550 53 3311

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3311

BIRTH NO.						
1. NAME OF D (Type or Print)	_	DUISA W	. NAUMAN	3 - A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	2. DATE OF DEATH Mare	ch 30, 1953
	City, Maryland 1			A. STATE	E (Where deceased lived, B. COUNTY	
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	ion, give street address of location	Maryla c. CITY OR TOWN Baltim	(If outside corporate line	oits, write LUAAL and give township
ength of s	etav in Baltimore	Lifeti	me Yrs. Mos. Days		(If rural, give location)	
s.sex Female	6. COLOR OR RACE	7. SINGLE WIDOW Widow	E, MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	Months Days Hours Min.
IOA. USUAL OC vork done during most At hor	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDE		1 U.D.R.
John G.	Stadelmeier			Henrietta Nol	te	
15. WAS DECEAS	ED EVER IN U. S. ARMEI (If yos, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.			None	Miss Volora	Nauman 1004 Ai	isquith St.
Z O DISEASE RISE TO	ANTECEDENT CAUSE SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	ES F ANY, GIVING STATING TH		rio-selevoti cular disc	c cardio -	7-7-51
TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
			FINDINGS OF OPE	RATION		20. AUTOPSY?
Y						YES NO
21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about home, f	ACE OF INJURY (e. g., arm, factory, street, office bldg.,	in or 21C. WHERE DID obc.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	m.	WHILE AT NOT WHILE WORK NOT WHILE			<i>E</i> -
	y certify that I att live on 3-30-			7- , 19 51, to rred at 10 P.m., fro		
23A, SIGNA		2 ha		2117 Belue	NRd	23c. DATE SIGNED 4-4-5
24A. BURIAL, TION, REMOVAL (S Burial			24c. NAME OF CEMETE Baltimore	ERY OR CREMATORY 24	altimore, Md.	vn, or county) (State)
APR 4-	BAB Hegistran	S SIGNATU	AA.	25. FUNERAL DIRECT Ullrich Juneral	OR	ADDRESS leans St.



-6	45
53	3312
BIRTH	NO.

1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 3312

								
1. (T	NAME OF D		V. HE	RLING		of Apr	11 2, 1	1953
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W		If institution	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Harford Nursing Home location)					Maryla	and		DAY 1
IN	STITUTION	4700 Harfo:			c. CITY OR TOWN (If Baltimore	outside corporate li	mits, write RU	township)
-6		4700 110120.	L CL MVO	Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	Length of s	tay in Baltimore	Life	Mos. Days	3127 Chestnu	t Avenue		
5.	sex F	6. COLOR OR RACE		E. MARRIED. PED, DIVORCED (Specify).	8. DATE OF BIRTH May 30, 1877	9. AGE (in years last hirthday)	If Under I Year Months Days	If Under 24 Hours Hours Min.
ork	A. USUAL OC done during most Housewo	CUPATION (Give kind of of working life, even if retired) OPK		of Business or Industry	Baltimore, Md.		USA WHA	EN OF T COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN NA		'	
		der Peppler			Annie M. Bar	enstricke	r	
15 Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT 1814 Mr. Louis A.		e Porstir	eet
	18. 3 3	1 x and	F903	CAUSE	OF DEATH		INTER	VAL BETWEEN
		SE OR CONDITION	TH		000	0. 2		- 0
	heart failt	s not mean the mode oure, asthenia, etc. It mea	f dying, e. g ns the diseas	e,	shal Acci		مع.	dole
	injury or	complication which e	aused death	.) DUE TO				
,	8 10	ANTECEDENT CAUS	ES	(B)	malmal ant	nosla	m 5	110
<u>ō</u>	RISE TO T	S OR CONDITIONS, II	STATING TH	IG	CERTIFICATIO	N APPROVED	-17	
<	UNDERL	YING CONDITION LA	ST.	(C)		T. HOVED !	31	******************
Ĕ		11			PUIZ	nade_		
CERT	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT SEASE DR CONDITION	NOT RELATE	0 15-	CHIEF OR ASST. A	MEDICAL EXAMINER:		?
CAL	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. YES	AUTOPSY?
EDIC		ENT WAS UNDER R CONTRIBUTING TO DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	eto.) INJURY OCCUR?	f in Baltimore Cit	1	location)
2	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F HOW DID INJURY	OCCUR?		
	-w-	OCT / 195		WHILE AT NOT WHILE AT WORK		OOR		
	22. I herel	y certify that I att	tended the	deceased from M	20 16 1953, to	Ju 2, 19	Sthat I	last saw the
	deceased a		1953.	and that death occur	rred at Am., from t	he causes and or		tated above.
	Con	(1 10	rthe	M. D.	3128 Horas	e Rel	4/2/3	3
24	AA. BURIAL.	CREMA- 24B. DATE Specify		24c. NAME OF CEMETE	RY DR CREMATORY 4D. L	OCATION (City, to	wn, or county)	(State)
	puria.	4/4/53			unt Cemetery	Baltimore	. Md.	
D.	ATE RECEIVE	TRAR	SSIGNATI	Williams, M.	25. FUNERAL DIRECTOR HENRY SANDER &	1	ADDRES	S
	VS 150		0		BALTO., 13, MD	De 1	: //m	le
	1/ -	8701				,	1	1

Will all the same of the same

3-255 53H N3313

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

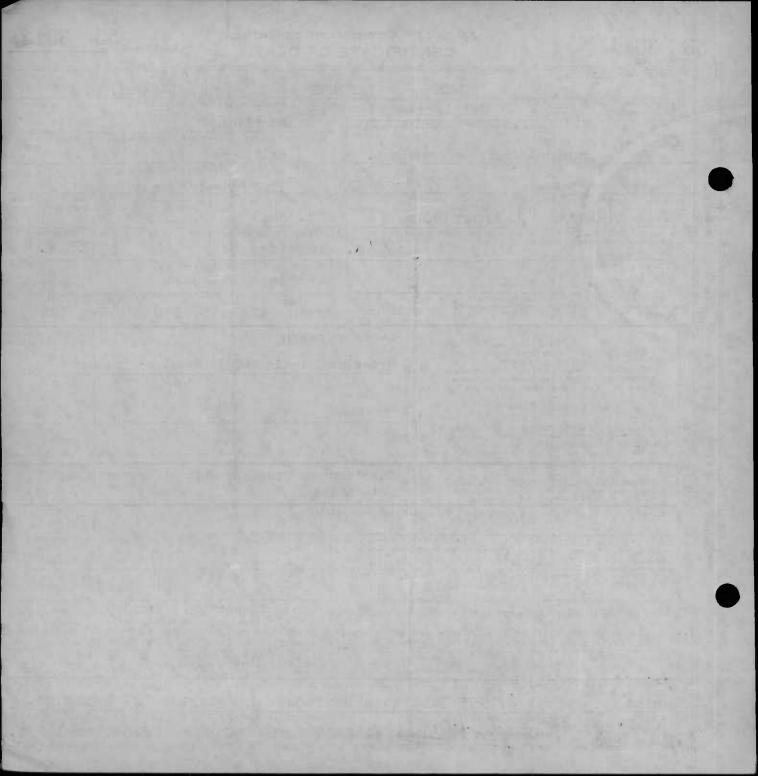
Registered No. 3313

CERTIFICATE OF DEATH											
I. NAME OF DECEASED (Type or Print) WINFRED BOZMAN 2. DATE OF DEATH							April	1 3,	1953		
B. HI	FULL NAME OSPITAL OR ISTITUTION	City, Maryland OFUS PUBLIC	spital		or A. STAT	Maryla OR TOWN Baltin	and (If outsi	dcceased live		befo	residence ore admission) RAI, and give township)
C.	ongth of s	tay in Baltimore	?	Yrs Mos Day		EET ADDRESS 2727 I	s (If rural Hugo Av		1)		
5.	SEX M	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Speci ARTI ed		98		AGE (In year last birthday)			H Under 24 Hours Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired) Clerk		OF BUSINESS OR INDUSTRI		THPLACE (Star	te or foreign	country)	12.	CITIZ	EN OF
13	John	NAME Bozman				izabeth					
15 (Ye	Yes	ED EVER IN U, S. ARMEI (If you, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO. 216-01-4013	17. INF	ormant cords- US		ospital	, Bal	to,	Md.
ATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA' is not mean the mode cre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IS HE ABOVE CAUSE (A) HING CONDITION LA	FH If dying, e. g Ins the disease aused death ES FANY, GIVIN STATING TH	Carci	noma o	ATH fbladden	r with	widespı		ONSET	pprox.
L CERTIFICATION	TRIBUTING	II IGNIFICANT CONDI IS TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATE CAUSING I	D	ERATION					-	AUTOPSY?
MEDICAL	LYING OF		about home, f	CE OF INJURY (c. g arm, factory, street, office bld	g.,etc.) INJ	. WHERE DID URY OCCUR?		Baltimore Ci	ity, give	YES exact 1	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK										
	deccased at	y certify that I att live on APF 3 TURE J. A. Contern Clinical	19 53.	and that death occ	urred at 2	215Am., fr	rom the co	uses and o	m the d	ate st	ast saw the tated above. TE SIGNED 753
710	A. BURIAL, CON, REMOVAL (S Burial	CRE VA- Specify) 248. DATE 4/6/53	2	Baltimore	TERY OR CR	EMATORY 2	24D. LOCA		own, or co	ounty)	(State)
	TE RECEIVE CAL REGIST		America I	Volliagua, Ma	HENRY BALTO	SANDEI		NS, II		DRESS	de
1	79054 39054										

MERCE ESTREMENTAL SERVICES NO. The first thin gen in the again angels in or The sea manual, seed, the little

	The	
	ITE PL. LY, WITH UNFADING INK. Every item of information should be dully supplied.	
	12	>
-	P	les
	be	[pu
	should	early an
5	rmation	death cle
717	infoi	of
217	of	uses
OF	item	e ca
1	ery	e th
N V	Ev	writ
Tagan	INK.	please
3	NG	15: 1
MANAIN RESERVED FOR BINDING	UNFADI	Physiciar
	WITH	ortant.
	LY,	imp
	PL	pecially
	TIE	es

	h	P-3	23	BAI	LTIMORE CI	TY HE	CALTH DEPARTMENT	5	3 3314
C	3 B	3314 IRTH NO.			CERTIFI	CATI	E OF DEATH	Registered N	O. CREELE
l. The	(7	NAME OF D Type or Print)		EDW	rin	PATO	CHETT	2. DATE OF DEATH April	
supplied	3. A.	Baltimore	EATH: City, Maryland	Balt	timore		4. USUAL RESIDENCE (W	here deceased lived, If i B. COUNTY	nstitution : residence before admission
Idns	B.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street ac	dress or ocation)	Maryland c. CITY OR TOWN (If	outside corporate limits	-01
ully s	11	NSTITUTION	South Balti	more Ge			Baltimore	outside conjunte in its	, write RURAL and giv township
u.y.	7					Yrs. Mos.	D. STREET ADDRESS (If a	rural, give ocation)	
legr	-		tay in Baltimore		35 yrs.	Days	1140 Ridge		
ld be		Male	6.COLOR OR RACE White	mari			Feb. 22,1896	last birthday) Mor	Under 1 Year If Under 24 Hours hths: Days Hours Min.
information shous of death clearly	WOF	Salesma Salesma	CUPATION (Give kind of of working life, even if retired)	108. KIND Bowman	n Realty	USTRY	Cambridge Md.	reign country)	12. CITIZEN OF
tior h c	13	3. FATHER'S					14. MOTHER'S MAIDEN NA		
rma	10		A. Patchet		L 16 COCIAL		Henrietta St	ewar.c	
info	(Ye	yes	Norld Na	of service)	16. SOCIAL SECURITY	r NO.	Susie Patchet	t 1140 Riâ	gley St.
Every item of write the causes		(This does	SE OR CONDITION LEADING TO DEA' s not mean the mode re, asthenia, etc. It mes complication which of	TH of dying, e. p ons the diseas caused death	g., (A)A1		OF DEATH osclerotic cardio	vascular dise	INTERVAL BETWEE ONSET AND DEAT
INK.	ICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING THE	(C)				
UNFADING Physicians:	ERTIFIC	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED IN	arcin etast	oma of prostate wases	ith widesprea	ad
PA	Ü				FINDINGS OF	OPER	ATION		20. AUTOPSY?
LY, WITH important.	EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-	21s. PLA	ACE OF INJURY	(e.g., ir Mice bldg., e	or 21c. WHERE DID (11 tc.) INJURY OCCUR?	in Baltimore City, gi	YES NO X
LY y imp	M	21D. TIME OF INJURY	(Month) (Day) (Year)			CCURRE T WHILE	21F. HOW DID INJURY	OCCUR1	
TE PL	K						bove, held an inspect	nspection or Inquiry	
RITE is es		and de	ath in my opinion	resulted f	rom: <u>natural</u>	causes	nguiry, find that said de M, accident □, suicide 23B CHIEF MEDICAL E	🗌, homicide 📋 ur	e day stated above adstermined []. DATE SIGNED
PLEASE WRITE PL correct age is especia	24	4A. BURIAL.	REMA- 248 DATE	Fish	24C. NAME OF C		D. MEDICAL INVESTIGATO	XAMINER	ril 2, 1953
EAS	TI	ON, REMOVAL (S Burial	pecify	,1953	Baltimo			erick Rd. I	
PL	D.	ATE RECEIVE DCAL REGIST	BY REGISTRAR	21	Elianes-	MIX	25. FUNERAL DIRECTOR RAUSE FUNERAL	HOME 1216S	ADDRESS Charles t.
	V	S 151		9		490	74		Balta/30

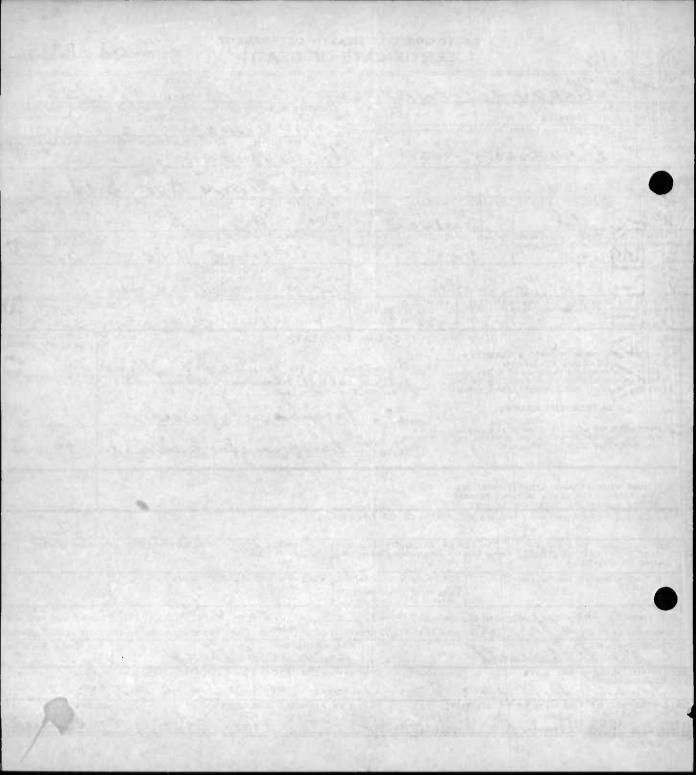


451 53 no. 3315

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3315

3	IRTH NO.	V _ //					
	. NAME OF D Type or Print)		KELL	ENBERG	ER	2. DATE OF DEATH 4/2	2/53
A.		EATH: City, Maryland			4. USUAL RESIDENCE (V	B. COUNTY	titution: residence before admission)
+	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, v	2 Unite RURAL and give
1	NOITUTION	UNIVER:	5174/	Hosp.	GLEN BUR	_	township)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
5.	. I ch of s	tay in Baltimore	7 SINGLE	Days . MARRIED.	101 MAIN		W.
	M	La S	WIDOW	ED, DIVORCED (Specify)	Dec 7	9. AGE (In years If Und last birthday) Month	les I Year If Under 24 Hours By Hours Min.
0	DA. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12	2. CITIZEN OF
or.	1/	of working life, even if retired)	No	ne industry	Baltimon	0.140.	WHAT SOUNTRY?
13	3. FATHER'S N	NAME //	,		14. MOTHER'S MAIDEN N.	AMÉ	
1 6	Faul S WAS DECEASE	R. Ke//e-	nberg	er .	Loise M.	13 puck man	
Če	ee, ao or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	alla I ADD	RESS Jen
	18.	/		None	OF DEATH	Ellenbelder	IINTERVAL BETWEEN
	107	SE OR CONDITION	DIRECTLY	CAUSE	JF DEATH		ONSET AND DEATH
	(This does	LEADING TO DEA'	TH of dying, e.g.		due to epistaxi	is + multiple	
	heart failu injury or	re, asthenia, etc. It mea complication which o	ns the discase aused death.		actichemasis	thoughout	•••
	ME D	ANTECEDENT CAUS	SES	10 12	1. 1.		
5	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	(B)	resource y say	perco	
	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	e DUE TO	Inmaharuti.	· huckenin	19
)				(C)			
	OTHER S	II IGNIFICANT CONDI	TIONS CON				
1	TRIBUTING	TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE!				
1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
)	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. s., i	or 21c. WHERE DID (I	if in Baltimore City, give	YES NO L
1		R CONTRIBUTING [rm, factory, street, office bldg., e	to.) INJURY OCCUR?		
	21D. TIME ((Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	
				WORK NOT WHILE			
		y certify that I att	tended the	deceased from 3	25 , 1953, to 4	/2 , 1953, t	that I last saw the
		live on 4/2	, 1953, 6	and that death occur	and at m., from t	he causes and on the	date stated above.
	1 23A-STIGNIAM				OP ADDRESS .		DATE CICHED
	234-STENA	althou	ult	м. р.	Universely 14	sep.	23c. DATE SIGNED
2.	ph	nothou	2		RY OR CREMATORY 24D. L	OCATION (City, town, or	4/2/53
	4A. SURIAL, CON REMOVAL (S	CREMA- 24B. DATE pecify	41953	4c. NAME OF CEMETE	rnie 14. 6/6	ocation (City, town, or haven	//2/53 county) (State)
2	ph	CREMA- 24B. DATE pecify Abril D BY REGISTRAR	41953	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L PRICE MATERIAL DIRECTOR	ocation (City, town, or haven	4/2/53
2	4A. PURIAL, CON HEMOYAL (S	CREMA- 24B. DATE pecify Abril D BY REGISTRAR	41953	4c. NAME OF CEMETE	rnie 14. 6/6	ocation (City, town, or haven	//2/53 county) (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH APRIL 3 DR. BENJAMIN MONRUE WALPOLE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) MARYLANI SALTIMOR B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) UNION MEMORIAL HOSPITAL Yrs. Mos. CHILDREN'S REHABILITATION INSTITUTE gth of stay in Baltimore 3 hours Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year If Under 24 Hours Annual Months Days Hours Min. 5. SEX 6. COLOR OR RACE JAN. 211906 MARRIGI 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR DIRECTOR CHILDRENS REHAB IN I. RHODE ISLAND 13. FATHER'S NAME JO KING BENJAMIN M. WALPOLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) ADDRESS (Yes, no or unknown) SECURITY NO. MRS DORA LOU WALPOLE SAME INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) Hypertensie carolinascule ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from APRIL 3. , 1953, to APRIL 3, 1953, that I last saw the deceased alive on APRIL 3, 1953, and that death occurred at 3:15 Am., from the causes and on the date stated above. 234 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED - overly ion Menion 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

VS 150

Cremation

DATE RECEIVED BY

LOCAL REGISTRAR

4 - 4 - 53

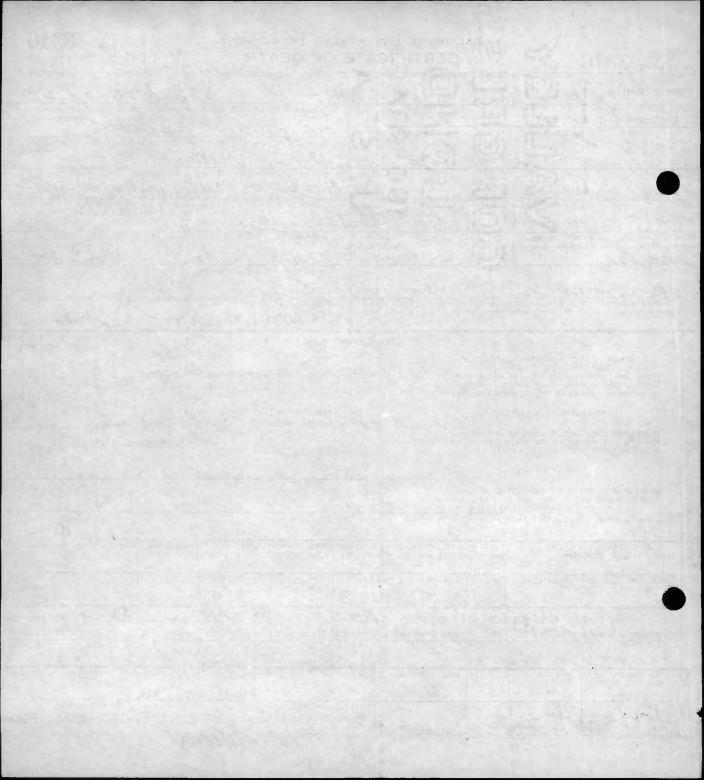
REGISTRAR'S SIGNATURE

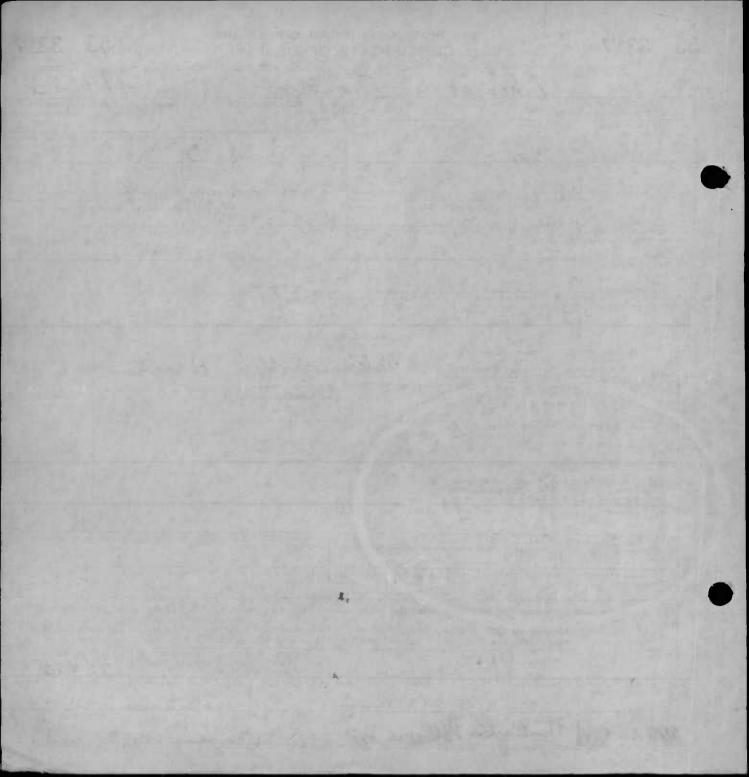
untington

25. FUNERAL DIRECTOR 1

Greenmount

Baltimore, Md. ADDRESS John O. Mitchell & Sons, Inc .- 1900 Eutaw Place





51	V
53	2218
BIRTH NO	OGLO

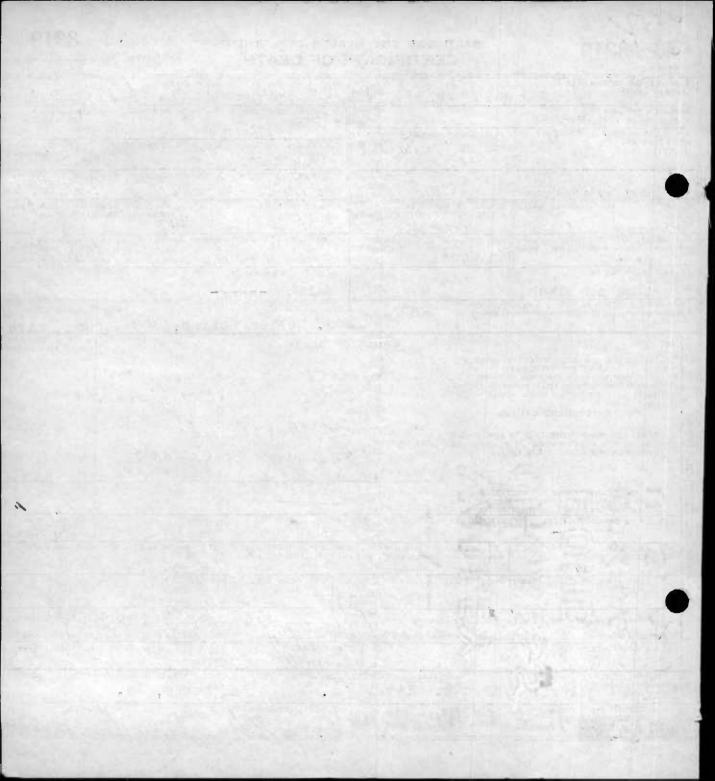
BALTIMORE CITY HEALTH DEPARTMENT

53	3318
egistered No	CACAL

BIRTH	J J	318		CERTIFICAT	E OF DEATH	Registered No.	0030
	ME OF D	ECEACED /	47.				
(Type	or Print)	MRS AVA	Thon	pson		2. DATE OF DEATH	-1953
	ACE OF DI ltimore C	EATH: City, Maryland	Baltin	nore	4. USUAL RESIDENCE (V		tution : residence before admission)
	L NAME	OF (If not in hospit	al or instituti	on, give street address or		no p	6
INSTI	TUTION	al n	11	location)	C. CITY OR TOWN (If	outside corporate limits, w	
4/) '	or. Hanes	5 1705,	01101	Baltimox	e >	township)
			4.1	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore	My	Days	1/1/6.	II In IT.	
5. SE	E	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years Months	
104 1	ICHAL OC	XV	ongo	ried	401.21, 1885	167	
rork done	during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
N.	4.		awy	1 Home	maryland		WIRT COOKING
13. FA	THER'S N	IAME /			14. MOTHER'S MAIDEN NA	AME	
	Uohn	Shipley	,		Ida Gran	neu	
15. W/	AS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	ADDR	ESS A
100, 110	or unanown,	(x. you, give war or large	a or service)	SECURITY NO.	John Thomas so	17176.2	th St.
18.	L	43 X.		CAUSE	OF DEATH		INTERVAL BETWEEN
3	DISEAS	E OR CONDITION	DIRECTLY	1	1 0 0		ONSET AND DEATH
		not mean the mode of	TH	and the	traceretoral	Kommilicas	
	heart failui	re, asthenia, etc. It mea	ns the disease			The state of the s	************************
	injury or	complication which c	aused death.) DUE TO	1		
		ANTECEDENT CAUS	ES	46.	a. da . 0.	1. 11. 1	
Z	DISFASES	OR CONDITIONS, II		(B)	gertensive Car	de Vascular	************************
	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	TO A		
₹	UNDERLY	ING CONDITION LA	ST.	(C)V	e e e e e e e e e e e e e e e e e e e		
Ĕ							•••••••••••••••••••••••••••••••••••••••
E	OTHER SI	II IGNIFICANT CONDI	TIONS and				
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
		SEASE OR CONDITION F OPERATION 1			ATION	•••••••••••••••••••••••••••••••••••••••	
١, ال	A. DATE O	OFERATION O	SB. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
0	A ACCIDI	ENT WAS UNDER-	1 218 PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (I	If in Baltimore City, give	YES NO
		CONTRIBUTING	about home, fe	arm, factory, street, office bldg., e	INJURY OCCUR?	I in Balumore City, give	exact location)
Σ 21	D. TIME (Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
OF	INJURY		V	HILE AT NOT WHILE			
			m.	WORK AT WORK		//	
		y certify that I att	ended the	deccased from 3 -	30 , 1953, to	7-2, 1963, th	at I last saw the
		ive on 4 - 2	_, 19.5.7.	and that death occur	red at 11:55 Pm., from to	he causes and on the d	ate stated above.
23	A. SIGNAT	URE	1/	1 2	3B. ADDRESS	2:	C. DATE SIGNED
0.4	PURT	ary a.	In	Do mand	· V Y - VYGN	es Hoop.	4-2-63
TUON, R	BURIAL, C	REMA. 241. DATE	1 2	MAME OF CEMETE	RY OR CREMATORY 1240. LO	OCATION (City, town, or c	ounty) (State)
Bu	rial	apr.6	/13.	raudo,	2, 15K. 1	-alto.29	1. Ind.
DATE	RECEIVED	DATE OF BUILDINGS	Acres 6.00 f	11:	25. FUNERAL DIRECTOR	// AD	DRESS
	34-1	303 Tenting	ton W	Luaur Mil	armen W. Will	The 1110161	nexadora
Tree .	VS 150	0			The state of the s) Janoi Gan	2
							all.

St Harren Kara Es SESSE AND EN

	53 3319	CERTIFICA	TE OF DEATH Registered No.	3030	
BI	RTH NO.				
	NAME OF DECEASED Type or Print)	enem. Robi	ROBINS OF A	2/53	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if inst	titution: residence before admission)	
		tal or institution, give street address		D	
	DISPITAL OR LA VILLE OR	ky for la location	c. CITY OR TOWN (If outside corporate limits, w		
L	6	21 160.	Woodlawn	township)	
		Yrs		- 11-	
c	ength of stay in Baltimore	Life Mon	1908 Kernan	Dr. #	
5.	SEL G. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special	8. DATE OF BIRTH 9. AGE (In years it Under last birthday) Month	s Days Hours Min.	
10	. USUAL OCCUPATION (Give kind of	1 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	PEITIZEN OFT	
worl	done during most of working life, even if retired)	own Home		WHATT COUNTRY?	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Abraham Busch		Alice		
15	. WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL	17. INFORMANT ADDR	DECC	
(Ye	(If yes, give war or date	es of service) SECURITY NO			
_			Mrs. Nellie Robins, 1908 Ker		
	18. H20.0	CAUSI	E OF DEATH	ONSET AND DEATH	
	DISEASE OR CONDITION		P		
	(This does not mean the mode	of dving a g	Mouell Could work		
	heart failure, asthenia, etc. It mes	ans the disease,	0 - 1 - 1 - 1 - 1 - 1	***************************************	
	injury or complication which	caused death.) DUE TO	plica Valla Coffuseo	C	
	ANTECEDENT CAUS	SES			
Z		(B)	d (b 10 10 10 0 1 6 1 6 1	1 22 11	
0	DISEASES OR CONDITIONS, IF ANY, GIVING				
AT	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	Noon disease		
<u>Ö</u>			Heber anciano	real parties	
ERTIFICATION	11	_(C)			
R	OTHER SIGNIFICANT COND	OITIONS CON-			
	TRIBUTING TO THE DEATH, BUT	NOT RELATED			
O	19A. DATE OF OPERATION 1	198. MAJOR FINDINGS OF OP	FRATION	20. AUTOPSY?	
7	ISA. BATE OF CITERATION ST	SB. MAJOR THOMAS OF			
Ü	214 ACCIDENT SUICIDE	1 215 BLACE OF INITIBY (a	in and 210 WHERE DID. (If in Haltimore City give	YES, NO L	
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. about home, farm, factory, street, office blo		exact location)	
Σ	21D. TIME (Month) (Day) (Year)	Hour) 21E. INJURY OCCUP	RRED 21F, HOW DID INJURY OCCUR?		
	OF INJURY	WHILE AP NOT WHI		TV OF COMMENT	
		m. WORK AT WOR			
	22. I hereby certify that I att	tended the deceased from 4	-11 195310 4/2 1953	hat I last saw the	
	descased alive on 4/9	_, 1953 and that death occ			
	23A. SIGNATURE	-, in Janu that acuth oct			
	Kullen -	1 1/1/8/18	Lulling Horos 100	AC. DATE SYGNED	
2	AA. BURIAL, CREMA- 24B. DATE	M. D.	TERY OR CREMATORY 24D. LOCATION (City, town, or	equity) (State)	
TI	ON, REMOVAL (Specify)			rounty) (State)	
	Burial April 6	5/53 Mt. Olivet	Baltimore, Md.	Contraction of the contraction o	
	ATE RECEIVED BY REGISTRAR	SSIGNATURE	1 25. FUNERAL DIRECTOR	DDRESS	
L		nator Williams M	2/11 7/11	1 - 1 -	
	The Tale Course	- showdown A	Trany Number, 410100	morrow	
	VS 150	U	(/	Buck	
				au.	



3	D-100	
53	33320	

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFICAT	E OF DEATH		
	NAME OF D		01156	R.D. H	6 Y	2. DATE OF DEATH	pril 2/95
	PLACE OF D Baltimore (EATH: City, Maryland			A. USUAL RESIDENCE	CE (Where deceased lived, B. COUNTY	If institution: widence before admission)
В.	FULL NAME		al or instituti	on, give street address or location)		nd Bell	voice 1
	STITUTION	2 8		1. 1.1	C. CITY OR TOWN		township)
3	H 10	AN DELA	/ NS /	Yrs.	D. STREET ADDRESS	(If rural, give scation)) 41
	ength of s	tay in Baltimore		Mos. Days	4210 6	· (borne Ro	(2)
5.	SEX	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last hirthday)	if Under 1 Year II Under 24 Hours Months Days Hours Min.
1	th 16	White	M	arried		8 54	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	VAME	Hev	rewitt	14. MOTHER'S MAID	EN NAME	14-5
	J.h.	L. M	elle	cit	Keth		sher
(Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Men - 4210	Callyma Pd.
	18. 50	0.1		CAUSE	OF DEATH	101	INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION	DIRECTLY	DI	1		ONSET AND BEATH
	(This does	not mean the mode ore, asthenia, etc. It mes	of dying, e.g	(A) / UL M	onavy En	delve	25 mule
	injury or	complication which	caused death.) DUE TO			
_	DATE	ANTECEDENT CAU	SES	Thron	bephlobita,	will lan	2 1
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G	u.s. p.150.5.00.5.5.		
AT	UNDERLY	YING CONDITION L	AST.	(c) Lyne	hy sorcen	4	4 VIS
FIC							
ERTI		II IGNIFICANT COND			N)	2-0
CE		TO THE DEATH, BUT ISEASE OR CONDITION	CAUSING IT		da o	Luma	36 asy
Y.	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER-		CE OF INJURY (e. g.,			, give exact location)
ED	CAUSE OF	R CONTRIBUTING DEATH	ebout home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
2	21b. TIME OF INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURE	ED 21F. HOW DID IN	NJURY OCCUR?	
E	INSORT		m. \	WORK NOT WHILE			
	22. I hereb	y certify that I at			3 , 1953		that I last saw the
	deceased a		_, 19_53			rom the causes and on	the date stated above.
	23A. STEN	enfant W	t	M.D.	Bar 8	exam Ha	23c. DATE SIGNED 4/2/53
Z/ TI	AA. BURIAL,	CREMA- 24B. DATE	100	24C. NAME OF CEMETE	ERY OR OREMATORY 2	24b. LOCATION (City, to	n, or county) (State)
1	SURVE ATE RECEIVE	- 19pv. 1	(53.	/ ase	25/ FUNERAL DIRECT	Hagers	ADDRESS
-	OCAL REGIST	RAR L	A- 141	11:	The state of the control of the cont	the man	6/200 /200
-	VS 150	398 11 Junting	van 1	BALALLES MENT	ravry N. W.	May 41010	samo rassa
					//		alle

to Classical Officials representations and

BALTIMORE CITY HEALTH DEPARTMENT

Pariston 53 3321

ВІ	RTH NO.		CERTIFICAT	E OF DEATH	Registered	
	NAME OF D	ECEASED			2. DATE	
			rd T. Shipman	·	DEVILL AND	ril 1/53
	Baltimore (City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, B. COUNTY	If institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institution, give street address or			0.3
HOSPITAL OR location)				C. CITT OR TOWN	outside corporate la	nits write RORAL and give township)
3	6	Frank	clin Square Hospi			
1	The state of the s	tay in Baltimore	30 yrs. Mos. Days	D. STREET ADDRESS (IF	5	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White Natified (Specify)			Dec. 23,1883	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR NOR done during most of working life, even if retired) Retired Koesters Bakery				Va.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	era.		14. MOTHER'S MAIDEN NA	AME	
	Step	han Shipmar	1	Mary Swamm		
15 (Ya	. WAS DECEASI	D EVER IN U, S. ARMEI (If yes, give war or date	e of service)	17. INFORMANT (WII		ADDRESS Holling St
	10 . /	/			1,1001	INTERVAL BETWEEN
	(SE OR CONDITION		OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH (TRI)	te cerdiac dels	tation	7 hs
	heart failure, asthenia, etc. It means the disease,					
	injury or	complication which	20		A	
7		ANTECEDENT CAUS	Chrone	a myo cardetes	Canal	lutes
Õ	DISEASES OR CONDITIONS, IF ANY, GIVING					
AT	Diseases or conditions, if any, giving Rise to the above cause (A) stating the Underlying Condition Last. OTHER SIGNIFICANT CONDITIONS CON.					
FIC			a Both	mal - hy port	en simil	
E	OTHER	II SIGNIFICANT COND	ITIONS CON			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATED			
		F OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
- O						YES NO
MEDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or booth home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	OF INJURY	pro-	m. WHILE AT NOT WHILE			
	22. I hereb	y certify that I att		948 . 19 . to 4	1/1/5319	, that I last saw the
		live on 3/28/	Total and a decourage of the state of the st	,,		
224 SIGNATURES 1 220 DATE CICNET					23c. DATE SIGNED	
			is MAR- M.D.	4 11 fallow	ave	4/3/53
710	AA. BURIAL, ON, REMOVAL (S	CREMA. 24B. DATE Specify)	24c. NAME OF CEMETE		OCATION (City, tov	
_	Burial	April 4	1/53 Loudon Park		imore, Md	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS						
	HER 4-	1864 Thurs	inglow Mollieus. By	Marry H. Withfu	/ 4101 E	dmondson Ave
	VS 150		0	6 1111		
			6	7044		

A COLUMN

INFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF COMICO HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. 8. DATE OF BIRTH June 22, 1886 Married 666 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Farm Farmer Clara, Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Dolbey Fanny Dashiell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Lillian Dolbey, White Haven, Md. 18. INTERVAL BETWEEN 3 55 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE [And \$, 1953 that I last saw the 22. I hereby certify that I attended the deceased from April 19.53 to_ 1953 and that death occurred at 1 5 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR GREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

53 3323

bly.

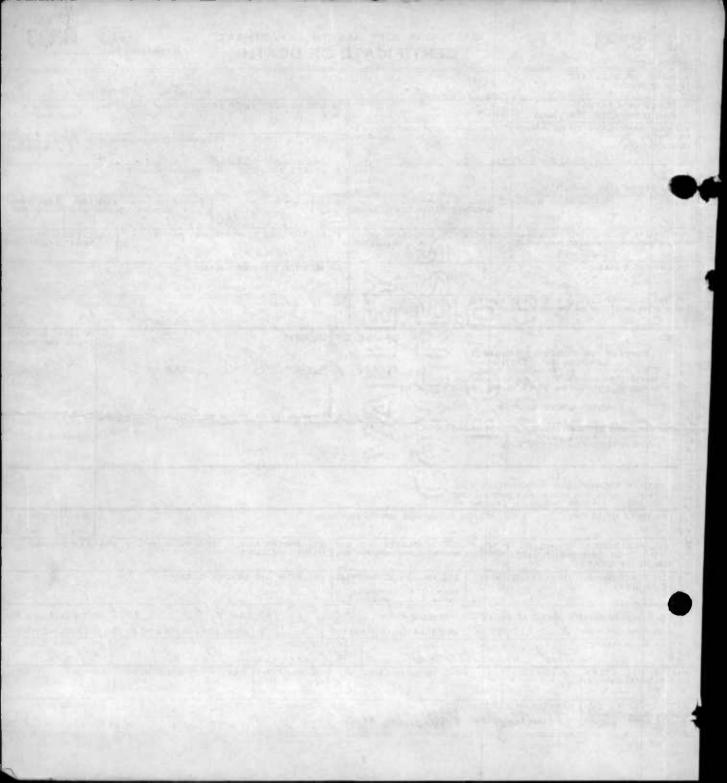
Leisher BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

53 3323

CERTIFICATE OF DEATH

1. NAME OF DECEASED				
1. NAME OF DECEASED (Type or Print) OF DEATH	(3-53			
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If ins				
A. Baltimore City, Maryland Sauce A. STATE B. COUNTY	before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, w	TOTAL TOTAL AND A STATE OF THE			
INSTITUTION (If outside corporate limits, w	township			
Inversity to south Callimore				
Yrs. O. STREET ADDRESS (If rural, give location)				
ength of stay in Baltimore 30 yrs Mos. 135 Let St. #2				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 18. DATE OF BIRTH 19. AGE (In years) If lind	ler I Year If Under 24 Hours			
MIDOWED (DIVORCED (Specify) 3 1904 49 Month	ns Days Hours Min.			
10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 work done during most of working life, even if retired)	CITIZEN OF			
work done during most of working life, even if retired) Jely INDUSTRY Marshan d	WHAT COUNTRY			
13. FATHER'S NAME	700			
Willia & Fusher Erma David	RN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	RESS Gant			
(Yes, no or nnh nown) (If yes, give war or dates of service) SECURITY NO.	13 110×1-			
The state of the s	No West SI			
18. 447 X CAUSE OF DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	1			
(This does not mean the mode of dying, e. g., (A) Sult agachmord he more age	3 days			
heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) OUE TO				
Z ANTECEDENT CAUSES (B) Compettersine Vascular Diseas				
DISEASES OR CONDITIONS, IF ANY, GIVING (B) WY PLANTA WE VILLE VIL				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS CON-				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	20. AUTOPSY?			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?	YES NO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Baltimore City, give CAUSE OF DEATH)	YES NO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give linguist) 10c. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	YES NO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. TO TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	YES NO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?	YES NO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE NOT WHI	YES NO e exact location)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 hereby certify that/I attended the deceased from 7/31 1953 to 4/3 , 1953, to deceased alive on 1 1952, and that death occurred at 5 2 mm., from the causes and on the	ves No e exact location) that I last saw the date stated above			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 hereby certify that/I attended the deceased from 7/31 1953 to 4/3 , 1953, to deceased alive on 1 1952, and that death occurred at 5 2 mm., from the causes and on the	YES NO e exact location)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING 21B. INJURY OCCUR? 21A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21A. HOW DID INJURY OCCUR? 21A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OF GREMATORY 240. LOCATION (City, town, or CREMATORY) 240. LOCATIO	that I last saw the date stated above 23c, pate, Signed			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 I hereby certify that/I attended the deceased from 7/31 1953 to 4/3 , 1953, to deceased alive on 1 , 1952, and that death occurred at 5 3 mm., from the causes and on the 23A. SIGNATURE 23B. ADDRESS A LAND CALLER M. O. Marweisety Nos pital	that I last saw the date stated above 23c, pate, Signed			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING about home, farm, factory, street, office bidgetc.) 19C. TIME (Month) (Day) (Year) (Hour) 21C. WHERE DID (If in Baltimore City, give in the large of the properties of the large of the larg	that I last saw the date stated above 23c, pate, Signed			



520 3 3324 BIRTH NO.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53 3324

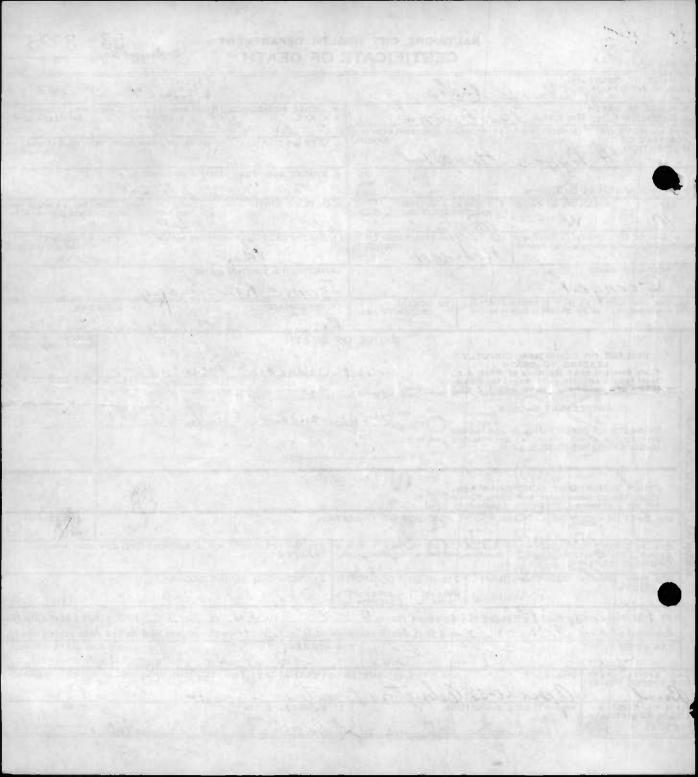
CERTIFICATI	F OF DEATH Registered No.				
BIRTH NO.	L OI BLATTI				
. NAME OF DECEASED	2. DATE				
Type or Print) John Young	DEATHAPR 2 1952				
B. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence				
Baltimore City, Maryland Russy	A. STATE B. COUNTY before admission				
FULL NAME OF (If not in hospital or institution, give street address or	Md.				
IOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
NSTITUTION	72 all township				
JOHNS HOPKINS HOSPITAL	BAITIMORE				
Yrs.	D. STREET ADDRESS (If rural, give location)				
Length of stay in Baltimore Days	713 Brunest				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours				
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.				
male colored 5.	3-4-99 54				
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
rk done during most of working life, even [fretired]	WHAT COUNTRY				
John Jaron					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL ADDRESS				
NO CONTRACTOR OF THE PROPERTY	EOHAG HOLLES				
18. CAUSE C	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	inemaline .				
(This does not mean the mode of dying, e.g., (A)					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	enera estatui				
(B)	man purement when we				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.	UNDERLYING CONDITION LAST.				
(C)	•••••••••••••••••••••••••••••••••••••••				
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
7	YES NO L				
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., about bldg., abo	etc.) INJURY OCCUR?				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
WHILE AT! NOT WHILE					
m. WORK AT WORK					
22. I hereby certify that Lattended the deceased from	26- 1943 to 4-2-, 1943 that I last saw th				
deceased alive on 4- 2 1953, and that death occur	rred at 150 Am., from the causes and on the date stated above				
	23B JOHNS HOPKINS HOSPITAL 23C. PATE SIGNED				
Madein A-1111000	JOHNS HOLVINS HOSPITAL TITLE CS				
24A, BURIAL, CREMA- 24B, DAYE 24C, NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)				
HON, REMOVAL (Specify)	State)				
Junial 4/4/00 mi cal	iany will county me				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
LOCAL REGISTRAR	N- 06 X 1 /301/2 187.1				
ANDD A - ANDREW CONCLUDED BINGLALLIE SAFE	10-044 VI: 1 - 11 . 1 1 10 4 11 0 lestral.				

780 6 M

BALTIMORE CITY HEALTH DEPARTMENT

325
Contract Contract

BIRTH NO.	CERTIFICATE	OF DEATH	- Constitution	
1. NAME OF DECEASED OF RIE	s Gehring		2. DATE OF DEATH	-2-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital of the control of the cont	or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. I	If institution: residence before admission)
HOSPITAL OR INSTITUTION St. Agnes	Hospital location)	C. CITY OR TOWN (IS	outside corporate lim	its, write RURAL and give townshlp)
c. sength of stay in Baltimore	Yrs. Mos. Days	6711 Tac	rural, give location)	
5. SEX 6. COLOR OR RACE 7	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	1886	9. AGE (In years last birthday)	Il Under 1 Year Il Under 24 Hours Ionths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 1 ork done during most of working life, even if retired)	RELIDED BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George P		14. MOTHER'S MAIDEN NA	berry	
15. WAS DECEASED EVER IN U.S. ARMED F Yes, no or unknown) (If yes, give war or dates of	GRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Chamiel	ADDRESS
DISEASE OR CONDITION DE LEADING TO DEATH (This does not mean the mode of cheart failure, asthenia, etc. It means injury or complication which caused and the mode of the caused of the complication which caused and the caused of	dying, e.g., the discase, sed death.) DUE TO S NY, GIVING TATING THE OONS CON- DT RELATED	ha Cerebral /9 e Jenivo Car Procease	dio-Vasa	ONSET AND DEATH
19a. DATE OF OPERATION 19B	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?		give exact location)
21D. TIME (Month) (Day) (Year) (F	Mour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK		occur?	
22. I hereby certify that I attendeceased alive on 47 2, 23A. SIGNATURE 23A. SIGNATURE 24A. BURIAL, CREMA- 84B. DATE FION REMOVAL (Specify) CATE RECEIVED BY REGISTRAR'S:	1953, and that death occur 2 44, NAME OF CEMETER 6-53 Orlengton	3B. ADDRESS Ligne	re causes and on ocation (life, town	23c. DATE SIGNED 4-2-53
VS 150	stor Williams, M.	& Bussel Thomas		lliness
V3 130	9		Bulto 2 8	sola s



-1	60
53	3326
	110

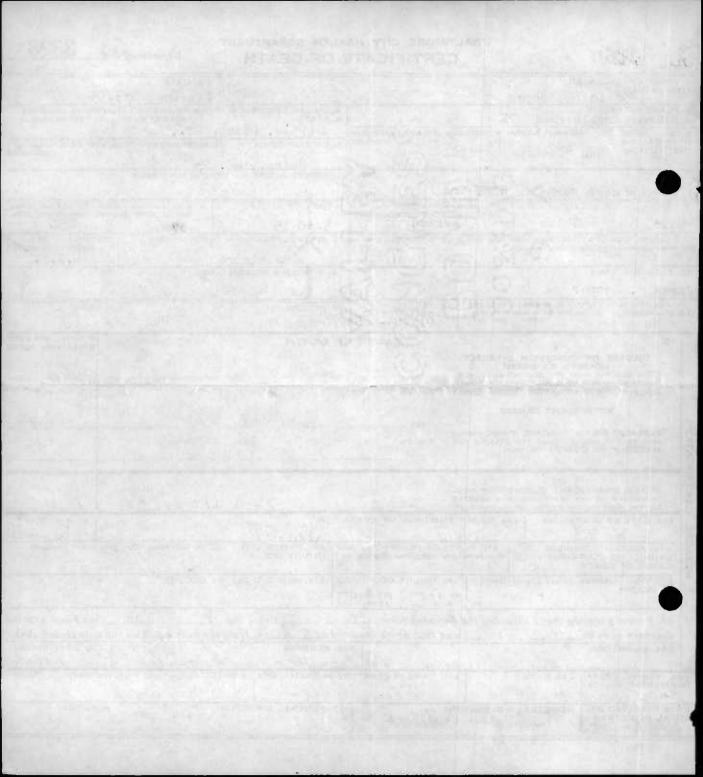
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 3326

BIRTH NO.	IICAIL	OF BEATH	8	
1. NAME OF DECEASED (Type or Print)		2	DATE OF 1/2	/
Mr. Leroy Gooper			DEATH 4/2	/53
3. PLACE OF DEATH: A. Baltimore City, Maryland X		4. USUAL RESIDENCE (When A. STATE	e deceased lived, If i	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give stree		425 S. Gilmor S	t., 1	1 4
HOSPITAL OR INSTITUTION Bon Secours Hospital	location)	c. CITY OR TOWN (If outs	side corporate li nite	(write RURAL and give township)
Bon Goodis Mospital		Balto., Md. 22		township)
	Yrs. Mos.	D. STREET ADDRESS (If rure	l, give location)	
c. Length of stay in Baltimore 37 Years	Days			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVOR	O. CED (Specify)	8. DATE OF BIRTH 9.	AGE (in years If	Under 1 Year If Under 24 Hours nths: Days Hours Min.
Male White WIDOWED, DIVORCE Married	CLD (openity)	5/30/15	37	5 30
10A. USUAL OCCUPATION (Give kied of or street of the control of th	INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
	ply Co	Baltimore		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	DA .	
James W. Cooper	20.53	KATHERI	NE MASIA	160
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL =	17. INFORMANT	AT	DDESS
(Yes, no or unknown) (If yes, give war or dates of service) SECUI 213 =	-03-8683	RAYMOND Cooper-	425 561	MOV SI
18. 4144	CALISE	F DEATH	[- 2 - 0 1]	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE	DEATH		ONSET AND DEATH
LEADING TO DEATH	Pul.n	IONIDAU Find	-/1.0	20/
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		State	a	- Opt 1
injury or complication which caused death.) DUE To	0			
ANTECEDENT CAUSES	Ph/o	to The ambasi	c The same	12./:
DISEASES OR CONDITIONS, IF ANY, GIVING	1.11.15.2	201117011001		a Durt
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0			
		••••••••••••••••••••••••••••••		*******************************
OTHER SIGNIFICANT CONDITIONS CON-	/	1	+	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	LHONI	E Appendi	21/13	1 MO.
1 19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS	OF OPERA	ATION / .		20. AUTOPSY7
5 3-4-53 Chrowle	APP	endicilis		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, str CAUSE OF DEATH	URY (e. g., io reet, office bldg., et	or 21c. WHERE DID (If in c.) INJURY OCCUR?	Baltimore City, g	ive exact location)
5				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR	Y OCCURRE	D 21F. HOW DID INJURY OF	CCUR?	
m. WHILE AT WORK	NOT WHILE			
22. I hereby certify that I attended the deceased j	from 4	2 1950, to 4	- 3 , 19.5	5that I last saw the
deceased alive on 4.3, 19.53 and that d				e date stated above.
23A. SIGNATURE		BB. ADDRESS .	11	23c. DATE SIGNED
Villoon McKass	м. р.	son secours for	spilat	april 3, 19,53
	OF CEMETER	RY OF CREMATORY 246, LOCA	TION (City, town,	or county) (State)
BURIAL H-6-1913 LOUI	doN PA	ARKCEA !	Redevice A	Ve BALTO Ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	1	ADDRESS
LOCAL REGISTRARY Tuntington Villace	WA-, My	ThonAs J. Kenny	Inc thou H	ollins ST
THE PERSON CO.		111111111111111111111111111111111111111	700017	

VS 150

6903A

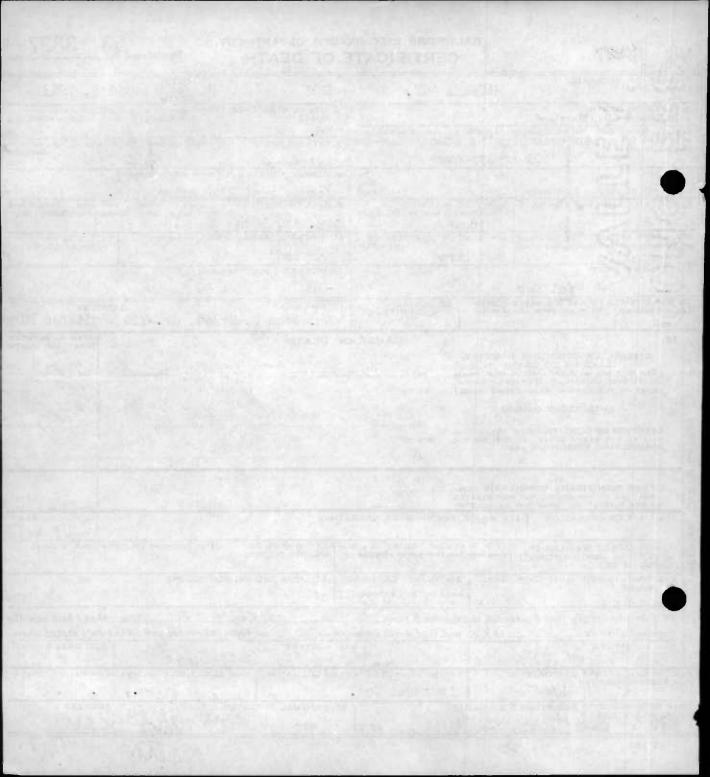


4000	
53 33	27

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	3327
Registered No	

BIRTH NO.						
1. NAME OF (Type or Print)		MATILI	DA C.	SCHEU	2. DATE OF DEATH	April 2, 1953
3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDEN		lived, If institution residence NTY before admission)
B. FULL NAME HOSPITAL OR INSTITUTION		tal or instituti ursing h	on, give street address or IOME location)		(If outside corpor	
60	2601	Roslyn A	lve	Baltimore		township)
c. Cagth of	stay in Baltimore		Yrs. Mos.	D. STREET ADDRES	S (If rural, give locati	
5. SEX	6. COLOR OR RACE	7 SINGLE	Days Days	8. DATE OF BIRTH	2300 Arunah	ears II Under 1 Year II Under 24 Hours
female	white		ED, DIVORCED (Specify)		last birthd	Months Days Hours Min.
10A. USUAL O	CCUPATION (Give kind o	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF
Housew		at he	INDUSTRY	Maryland		WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAIL	DEN NAME	
	Pfeiffer			-		
15. WAS DECEA (Yes, no or unknown	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-no		,	no	Mr. John T.	Scheu, Jr	220 Equitable Bldg
(This do heart fail injury of the heart fail i	ASE OR CONDITION LEADING TO DEA es not mean the mode lure, asthenia, etc. It me r complication which ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L SIGNIFICANT COND	TH of dying, e. g ans the disease caused death. SES IF ANY, GIVIN STATING TH AST.	(B)	cábeli-M abelie Ca	Mellahs	1 day
H TRIBUTIN	IG TO THE DEATH, BUT	NOT RELATE	D			
19A. DATE	OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
	DENT WAS UNDER- DR CONTRIBUTING		CE OF INJURY (e. g., irm, factory, street, office bidg.,			City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
22. I here deceased of 23A. SIGN		12	and that death occur	rred at 5 m., j		d on the date stated above. 23c. DATE SIGNED
24A. BURIAL. TION, REMOVAL	(Specify)		4c. NAME OF CEMETE		24b. LOCATION (Cit)	
Buria	ED BY REGISTRAR	's signatu	Immamuel Cem	25 FUNERAL DRE		ADDRESS
LOCAL BEGIS	The Hunt	nator 1	Minne ME	2/m. 4	ichener	, Toms
VS 150		Q		4	ball	0 17 Md.



-1	U			
53 BIRTH	NO	3	32	8
1. NAM	IE (OF	DEC	EA

BALTIMORE CITY HEALTH DEPARTMENT

53 3328

DE NO. 336	38		CERTIFICATI	E OF DEATH	-I R	legistered	No	
1. NAME OF DE (Type or Print)	CEASED	LILLI	AN W. TOPP		2. DA 0 DEA	F /	April 3	, 1953
3. PLACE OF DE A. Baltimore Ci 3. FULL NAME O	ity, Maryland	al on in atitut	ion, give street address or	4. USUAL RESIDE	NCE (Where dec			: residence ore admission)
HOSPITAL OR	4515 Garris		location)	c. CITY OR TOWN Baltimore	(If outside o	orporate lin	its, write KU	RAL and give lownship)
E. Length of sta	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES				
5. SEX	6. COLOR OR RACE	WIDOW	E. MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last	(In years)	Il Under I Year Months Days	It Under 24 Hours Hours Min.
female IOA. USUAL OCC ork done during most of	White UPATION (Give kind of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	Oct. 27, 187		intry)	12. CITIZ	EN OF
housewife		at hom		Pennsylvania				
William V	Wilgus DEVER IN U.S. ARMED	FORGER		?				
Yes, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Mrs. E. Fesc	he - 721	E. 34t1	ADDRESS h St.	
(This does in heart failure in jury or continuity or conti	LEADING TO DEAT not mean the mode of asthenia, etc. It means the mode of asthenia, etc. It means the means that the complication which conditions, in a support the condition of the death, but to the death, but tease or condition.	f dying, e. g ns the diseas aused death IES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	versleaf	Ge Cerlin	eidu	A .	2 or per
			FINDINGS OF OPER	ATION			20. YES	AUTOPSY?
	NT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			timore City	, give exact	location)
21D. TIME (M	Month) (Day) (Year)		21E, INJURY OCCURR		INJURY OCCU	R7		
deceased alia	JRE &	ended the	deceased from 3- and that death occur M.D.	19, 1953, red at 8 a.m., 38. ADDRESS	Ferly Her	es and on	the date st	TE SIGNED
24A. BURIAL. CF TION, REMOVAL (Sp.	ecify) 248. DATE		Loudon Park		Balto.	Md.	n, or county)	(State)
DATE RECEIVED		SIGNATU	Allings 410	25 FUNERAL DIRE	cloner	Y Si	ADDRES	s
VS 150		0			B	alto.	17,	Md.

Construct for seconds T Hawking Orthwester Arad Tolera William .

4. USUAL RESIDENCE (Where deceased lived. B. COUNTY before admission) to WARD (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mrs. Charles Downs-5610 Main St. Elkridge INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) Lashellion or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or ounty) OCAL REGISTRAR

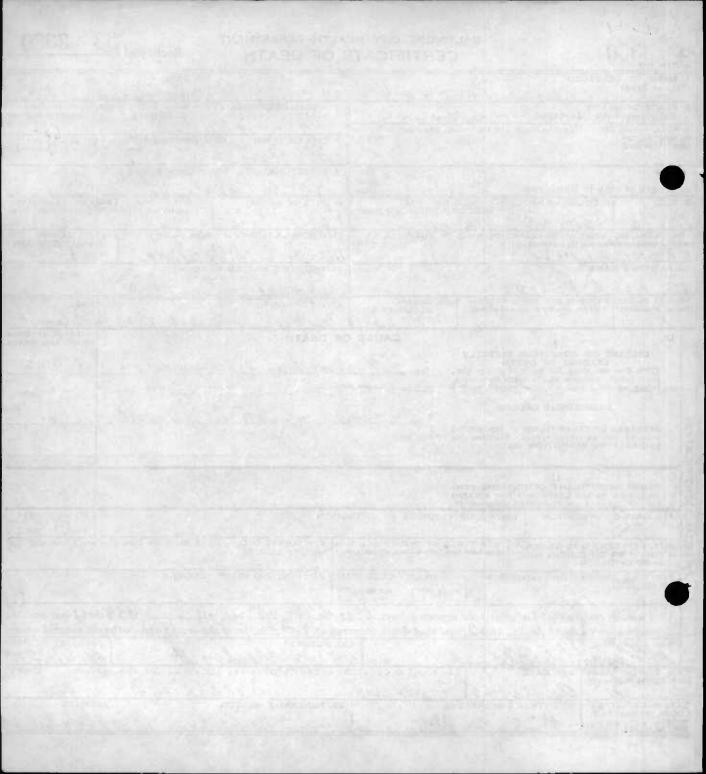
Elm & Victoria 4 Low

6	24
3 BIRTH	3330
1. NAM (Type o	r Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3330

В	RTH NO.	TE OF BEATTI		
1. (T	NAME OF DECEASED The print of		OF DEATH Abr.	2 1953
Α.	PLACE OF DEATH: Baltimore City, Maryland / 90/ N. Payson St	4. USUAL RESIDENCE (W	where deceased lived. If i	nstitution: residence before adhission)
H	FULL NAME OF (If not in hospital or institution, give street address locatic ISTITUTION		outside corporate imits	wate KUICAA and give lownship)
1		Bultimor	0 2	(downship)
c.	Hength of stay in Baltimore 2 Vr 5 Moo	5. 1001 d Par	rural, give location)	
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours this Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	72	12. CITIZEN OF
OT	done during most of working life, even if retired) INDUST		Dani / · · · ·	WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	14.3.11.
t	-d ward Pearsall	Trachel:	7	
15 Ye	WAS DECEASED EVER IN U, S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 717-09-13	17. INFORMANT	AD AD	DORESS
	111111	OF DEATH	1101	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.10	4.	CHSEL AND BEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	10 CAY QUAL Degi	n mall on	6/1103
	ANTECEDENT CAUSES	1		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	worling Arteri	o scinosis	147.
1	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
2	· (C)			
	OTHER SIGNIFICANT CONDITIONS CON-			
ב ה	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.			
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
יותי	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld		f in Baltimore City, g	
Ξ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F. HOW DID INJURY	OCCUR?	
	F INJURY m. WHILE AT NOT WHI	LE C		
	22. I hereby certify that I attended the deceased from	7	ور المرابع	that I last saw the
	deceased alive on Hand \$, 19 33, and that death occ	curred at 9: w Am., from t	he causes and on th	e date stated above.
	10 nount in Phillips M. D.	23B. ADDRESS	w H.	4/4/L'3
24		TERY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	Burial april 6, 1953 Mt. Here	M	· Oive, n. 4	arling.
L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	02020.04	ADDRESS BUT
	18 150 1 The Tingles Herens	Josephs. Rues	2x22 W. 110	un unc. Della, m
	VS 150	7050		



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution! residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR (If outside corpora write KURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIPOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? "labore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marcan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 74 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

CA

ō

TO THE DISEASE OR CONDITION CAUSING IT.

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

deceased alive on thev. 2193

WORK AT WORK

22. I hereby certify that I attended the deceased from a let. 2 1933 to man. 2, 1933 that I last saw the and that death occurred at 11 72 m., from the causes and on the date stated above.

23A. SIGNATURÉ

INJURY

23c. DATE SIGNED

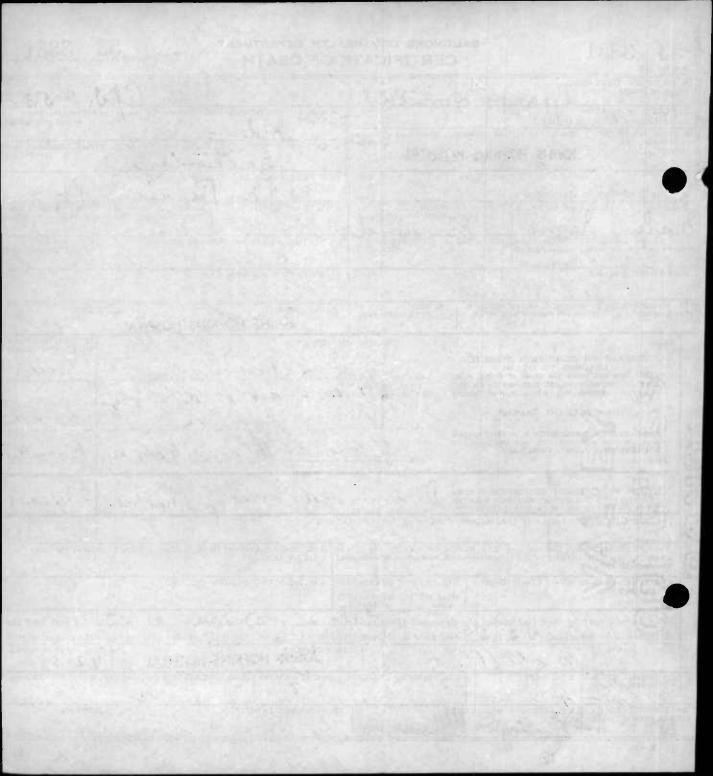
24A. BURIAL, CREMA-248 DATE TION, REMOVAL (Specify

24c. NAME OF CEMETERY OR CREMATORY TION (City, town, or county)

Substil DATE RECEIVED BY A REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

unturator 23



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) rancis CHARLES DEATH fully supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Connecticut Hartford B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 748 Reservoir Street township Hartford D. STREET ADDRESS (If rural, give location) Yrs. Mos. about 1 day 191 Pershing Street c. Length of stay in Baltimore Days 8. DATE OF BIRTH should be 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9, AGE (in years | If Under 1 Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. Married July-E-1897 Male White 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) information shou of death clearly 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY Machanic State Police Garas near Hartford, Conn. Conn. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO No None Mrs. Madeline F. Real (wife) Hartford. INTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CORONARY SCLEROSIS LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 0 19A. DATE OF OPERATION CA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. ā LY, impor UTING [] CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .. MEDICAL INVESTIGATOR

esp WRITE IS

FOR

RESERVED

MARGIN

Stewart & Mowen Co.,

24C. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

City #1.

North Avenue,

108 W.

240-LOCATION (City, town, o

24A. BURIAL, CREMA-

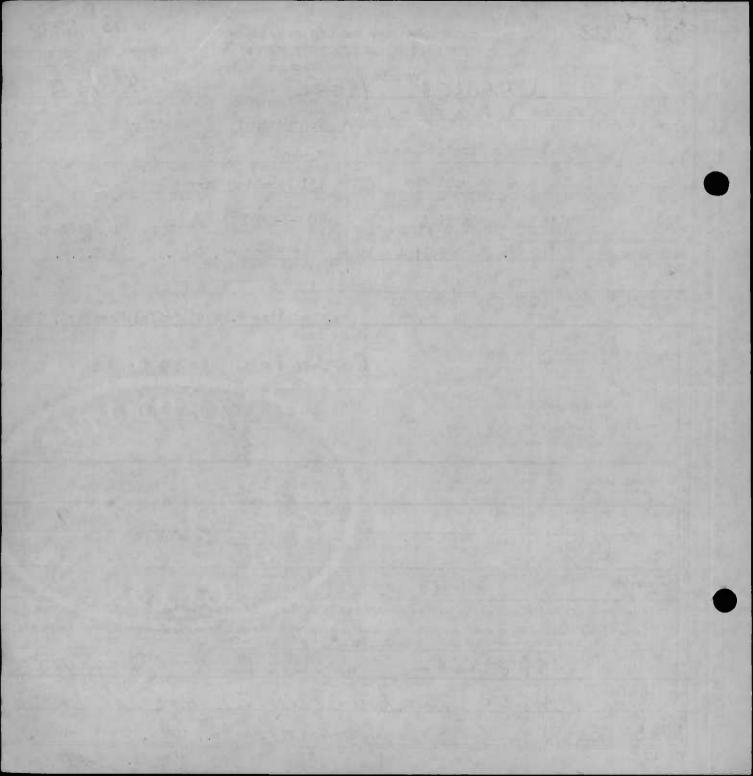
DATE RECEIVED BY

LOCAL REGISTRAR

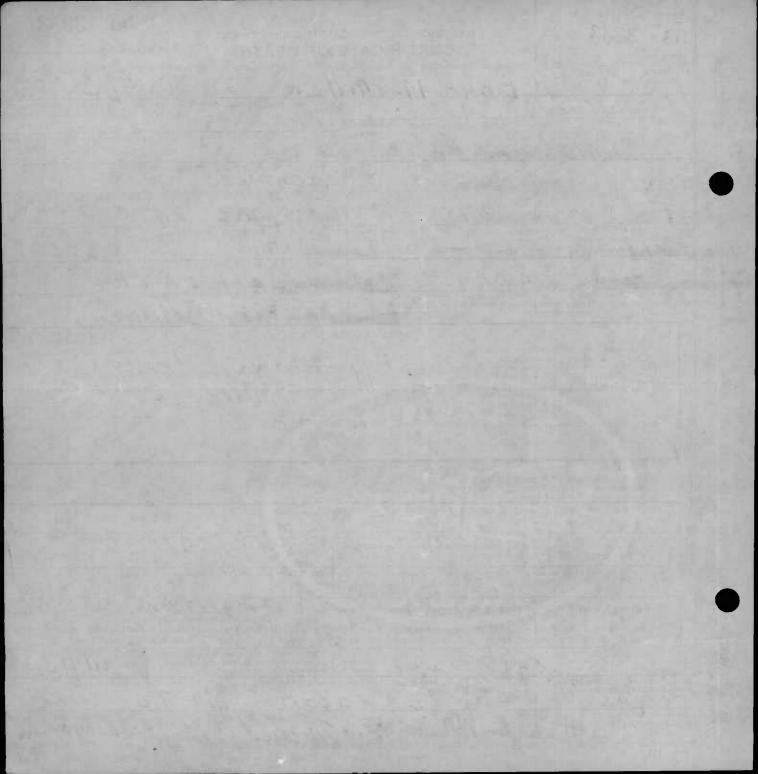
248, DATE

REGISTRAR'S SIGNATURE

HABUN



RESERVED



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Elisabeth DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STARE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) | Months Days WIDOWED, DIVORGED (Specify) Hours | Min. married 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11 BIRTAPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ausewije enna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or unknown)
(If you, give war or dates of service) 16. SOCIAL DDRESS SECURITY NO. INTERVAL BETWEEN 442 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OFATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 1952, to. . 19 that I last saw the 2. I hereby certify that I attended the deceased from 74 am., from the causes and on the date stated above. 19 53, and that death occurred at_ deceased alive on_ 23A. SIGNATURE 23C. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24c, LOCATION (City, town, or county) sun ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

LOCAL REGISTRAR

melow

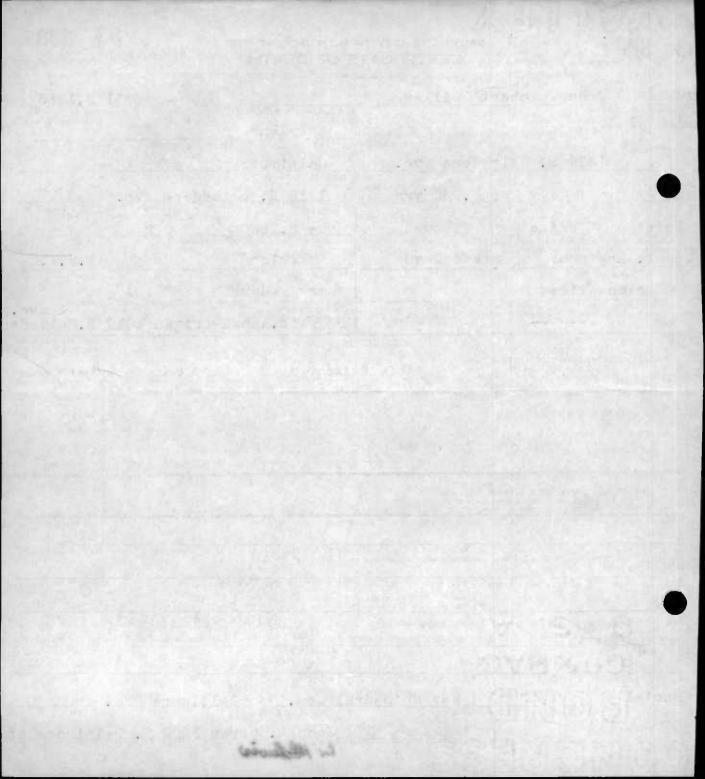
Kater Elizabeth Penna 3539 Greenmant au Refuete 6 6 6 month 1/2/11/3 Zemele White maniel deen Pennen 1.5A Hammerte Herry Reed Cathainh Macs Samuel & Keller, Rebut, 12

Zion Cem. Pitman, Pa Rollin A Moreon 3000 & Roll 14 (Po Alberry

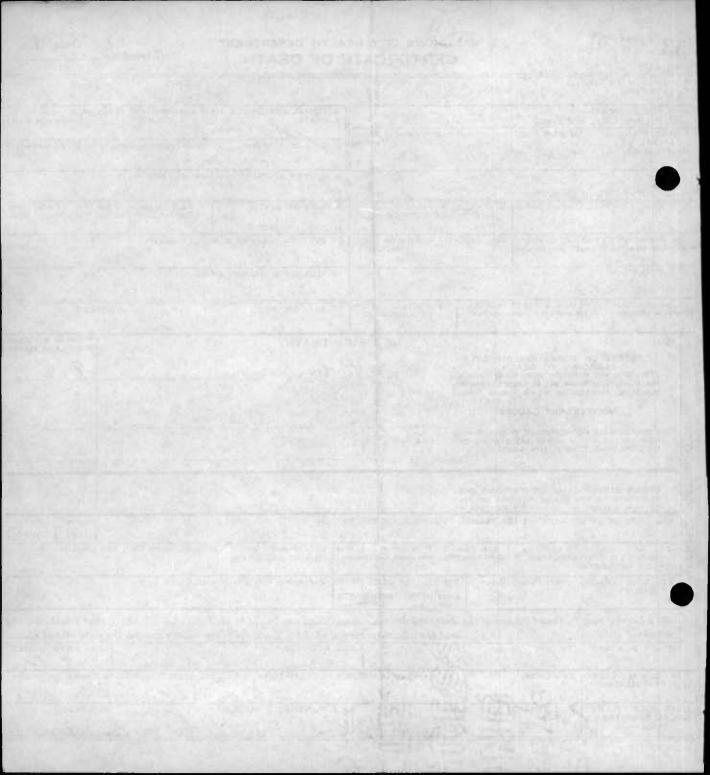
BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Oscar Robert Willey DEATH April 3,1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1319 E. Belvedere Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 1319 E. Belvedere Ave. th of stay in Baltimore Appr. 35 vrs Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) Male White Widowed June 6.1880 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? State Roads U.S.F. Const. Engineer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Uriah Willey Adams Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs Eliz. Ann Kerrigan 1319 E. Belveder no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Paremona (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY VES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 1945 to Ux. 3 . 19 5. that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on . Y 1ai _m., from the causes and on the date stated above. 195 5, and that death occurred at_ 23B. ADDRESS 23c. DATE SIGNED aduen Rad 4.4.50. 24A. BURIAL, CREMA-24B, DATE 24c NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) Burial 4/6/53 New Cathedral Cem. Baltimore RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

John A. Moran 3000 E. Baltimore St 04324 les Modewin

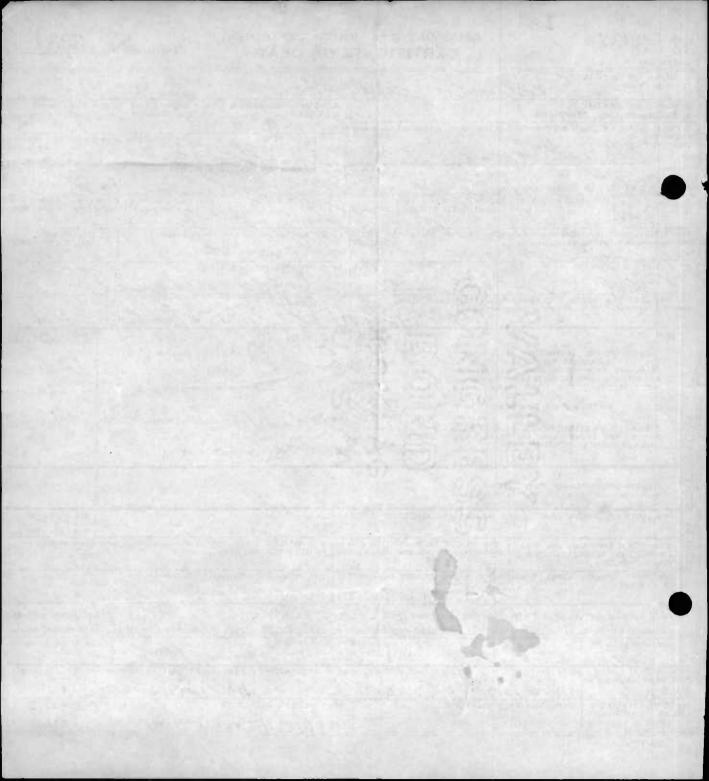


-120	X			
. 10) (30.0)	E OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print) VANET SUE DAVIS	2. DATE OF ARRIL 4, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION MERCY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WILDOWED DIVORCE (Specific	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year Il Under 24 Hours			
WIDOWED, DIVORCED (Specify	West la. 10			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
GEORGE O. DAVIS	BETTY KRIM			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
18. 344. CAUSE	OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,	y dro sephalus Towks (?)			
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES	sendymition 24 hrs.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Michigan Kirkin Land			
UNDERLYING CONDITION LAST.	V			
OTHER SIGNIFICANT CONDITIONS CON-				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?			
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (o. g.,	Fr culo grain in or 21c. WHERE DID (If in Baitimore City, give exact location)			
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?			
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURE WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from March 21, 19 v3 to April 4, 19 v3, that I last saw the				
deceased alive on April , 1953, and that death occu	rred at 12: m., from the causes and on the date stated above.			
M. t. W.	23B. ADDRESS 23C. DATE SIGNED 9-4-43			
24A BURIAL, CREMA: 24B. DATE 24C NAME OF CEMETITION, REMOVAL (Specify)	Thursday 14. The same of the s			
	Men MArtinsville, W.VA.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR THE PROPERTY OF THE PR	25. FUNERAL DIRECTOR ADDRESS			
VS 150				



TH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) | Months Days Hours : Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHILACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SAW FILER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS SECURITY NO -16-06 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES V 218. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT m. WORK AT WORK 22. I hereby certify that I attended the deceased from 4-1-5319, to 4-3-, 19 2 that I last saw the 3. 19 5 3 and that death occurred at 2.30 pm., from the causes and on the date stated above. deceased alive on 4 -23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL Specify KEMOUAL BOWINGTOWN. APR. 4. 1953 DVIEW DATE RECEIVED BY ADDRESS 2/12 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR ULLRICH FUNERAL HOME DUNDAUK

VS 150



Registered No. (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give H Under 1 Year If Under 24 Hours

12. CITIZEN OF

WHAT COUNT

20. AUTOPSY

DDRESS NSET AND DEATH

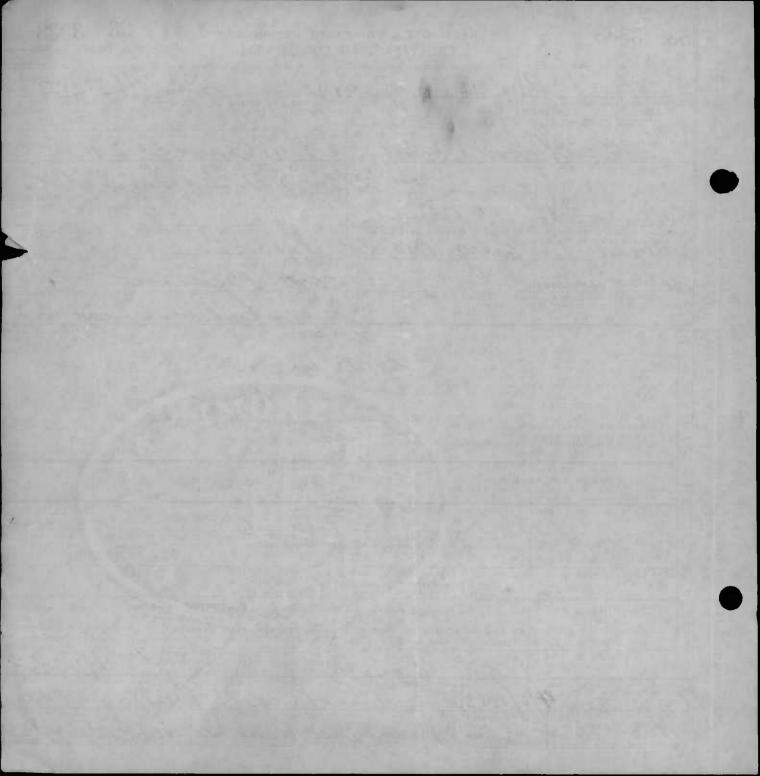
NO (If in Baltimore City, give exact location)

thereon and from

238, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED

ADDRESS

151



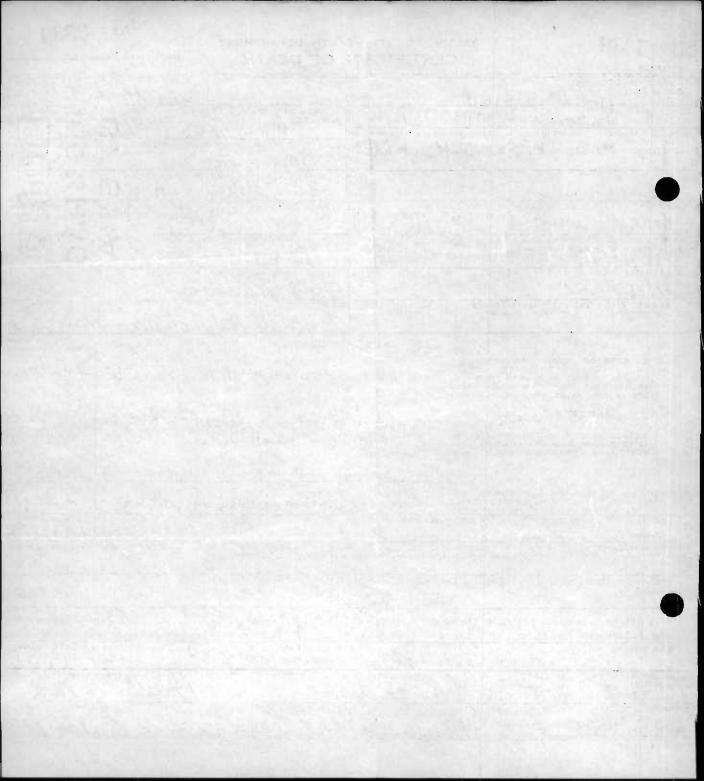
1953 and that death occurred at 738 m., from the causes and on the date stated above. deceased alive on fiers 23A. SIGNATURE 23c. DATE SIGNED

REMOVAL (Specify)

DRESS REGISTRAR'S SIGNATURE

VS 150

DATE RECEIVED BY



53 3340

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3340 Registered No.

BIRTH NO.	E OI BERTII
	54EB 2. DATE OF DEATH 4-2-√3
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 15/16 16 African 16 African 16 African 16 African 16 African 17 African 18 Africa	
c. Ength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 35/6 / Toliner ave
5.SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under I Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of rorkdote during most of working life, even Pretired) INDUSTRY	11. 6(RTHPLACE (State or foreign country) Authore Md 12. CITIZEN OF WHAT COUNTRY?
Isaac Whitefull	14. MOTHER'S MAIDEN NAME Matelda
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17 ANFORMANT Chesler - Lavel
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	turis sclurosis
OTHER SIGNIFICANT CONDITIONS CON- HIGH TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg	in or 21C. WHERE DID (If in Baltimore City, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that hattended the deceased from 73 deceased alive on 1, 1913, and that death occu	
244. BURIAL, CREMA- 245. DATE LAC. NAME OF CEMETE TION, REMOVAL (Specify)	2306 Ceulau P 4-3-1973 ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	15. FUNERAL DIRECTOR ADDRESS PLACE LEWIS 2100 Cutro PL
VC 150	

cond 1 13

I. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53

Registered No.

2. DATE OF DEATH

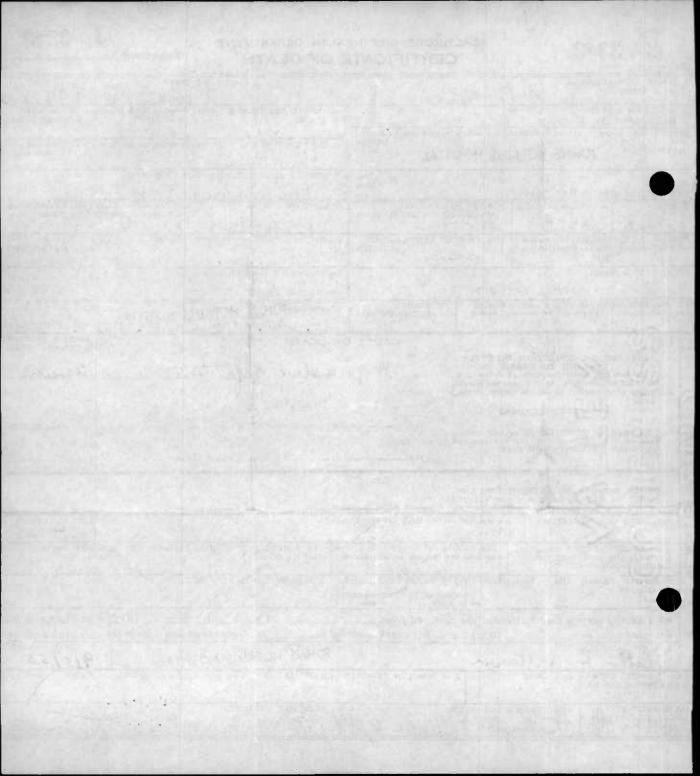
4. USUAL RESIDENCE (Where deceased lived, If institution: residence a STATE B. COUNTY before admission)

B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Md Prince George
HOSPITAL OR location)	c. CITY OR TOWN (If outside eorporate limits, write RURAL and give township)
University Hospital	- houre
Yrs.	D. STREET ADDRESS (If rural, give location)
c. I th of stay in Baltimore 30 Kg	401 Washington Ave 60
5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AGE (In years I Under I Year I Under 1 Year I House 1 House 1 House Min.
t White Widowed	2/17/83 69
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rek does during most of work log life, eveo If retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- W. W.	Virginia U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EWIS THOMPSON	BOTTY CONNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT ADDRESS
0.000	MINNIESEL DV 401 Want a 22
18. / 7 0 X . CAUSE (OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	ive Vulmonary Embalus
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B) C910	cinoma of Breast
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	sity
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
22453 Carcinomo of To	1
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (8. g., id	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e	INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	20 53 , 19 , to 4 4 53 , 19 , that I last saw the
deceased alive on 4 4 53, 19 and that death occur	, ,
	38. ADDRESS 23c. PATE SIGNED
Deorge H. Smith M.D.	University Hospital 4/4/53
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial, april. 7/863 low 21	ille Varial mel
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 5- 1953 Huntington Williams My	Ridale delli un avad a a
VS 150	and the state of the state of the
	Lavel and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3342 Registered No.

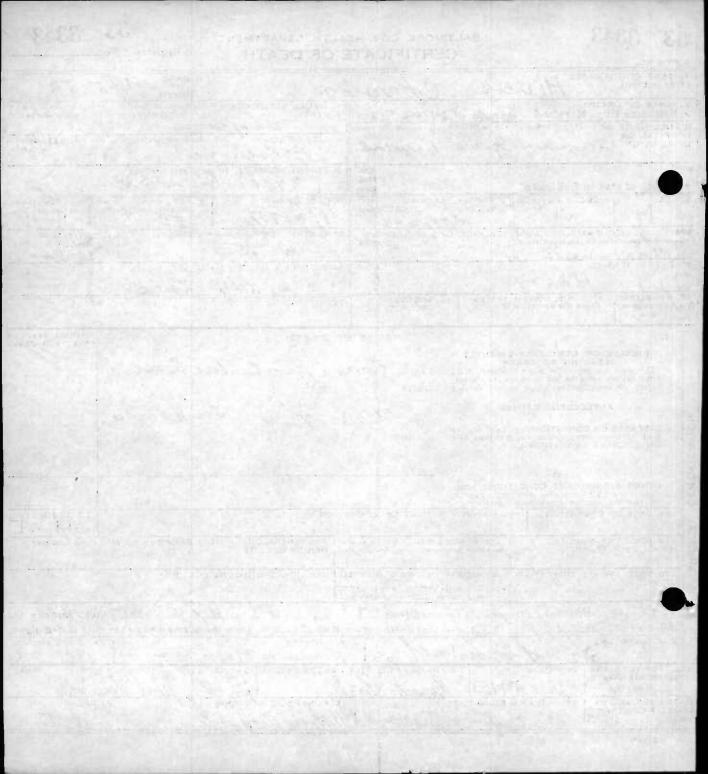
(Type or Print) ()	DATE OF COMMINSON 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	
1 (1)	de corporate limits, write RURAL and give
c. Leth of stay in Baltimore 78 Yrs. D. STREET ADDRESS (If rural, Mos. Days 700 N. Chan	give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. A	AGE (In years H Under I Year H Under 21 Hous ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of rork done during most of working life, even lifetired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign INDUSTRY) Baltimore, Md.	country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Albert Shriver Annie Jenkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. Dr. Chas. O'Donova	S HOSPITAL N. Charles
18. 470. 1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	is I week
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Z	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLASE OF INJURY (e.g., in or 21C. WHERE DID (If in	Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, finetory, street, office bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID MUURY OCCURRED NOT WHILE AT WORK ATWORK	CUR?
22. I hereby certify that I attended the deceased from 3-22, 1953, to 4-	3, 1953, that I last saw the
	ruses and on the date stated above.
Esther & William M.D. 23B. JOHNS HOPKINS HOSI	23c. DATE SIGNED
TION, REMOVAL (Specify)	TON (City, town, or county) (State) ore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington Wallaus M. W. W. Meers and	ADDRESS
	Don 805 M. Calveld Ist.



14 53	<i>O</i> 3343
BIRTH NO	D
1. NAME (Type or P	OF DECEA

53 3343

JO JONEO BALLIMORE CITT IN	F OF DEATH Registered No.
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED Hively Charl	Peg. 2. DATE OF DEATH 4/5 53
Baltimore City, Maryland Wolfs Waaryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION Franklin Square thespital.	Baltimore 25 a Jawaship)
gth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 370 370 Seocal av.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years ii Under I Year In Under 24 Hours Min. 4/6/902 9. AGE (In years ii Under I Year In Under 24 Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
INDUSTRY Main Floan CC	W. Va. WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry	Liddy Your
(5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (6. no or nnknown) (11 yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
(11 yes, give war or dates of service) SECURITY NO.	
18. 7 A M TO CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	ra Hart Sailure.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUCEO	necytic Leuxemia.
ANTECEDENT CAUSES	necytic deuxemia
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPE	RATION 20. AUTOPSY?
The state of the s	YES NO
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i) HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY """ """ "" """ """ """ """ "	
deceased glive on 4 (5) 10 (5) and that doth occur	19 , 19 3, to 4 , 5 , 19 3 that I last saw the rred at 2 30 Am., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
of Schrall M.D.	Francilla Square Hosp. Lat 4/15 3
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMELE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
REMOVAL (Specify) aby 1 5 1953 Summer Par	Bockey West Virginia
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
OCAL REGISTRAR 3 Huntington Williams, My	William Good July 1217 St. Chal St.
VS 150	Millian Maria 121 Milliam 131
	799
30	



53 3344 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATADY 3753 C. Edgar Hearn Jr. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 512 Glen Allen A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. life 5I2 Glen Allen Drive orth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (in years If Under I Year last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify)
Married Male White June 18, 1900 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Supvroof Training INDUSTRY WHAT COUNTRY? American Balto. Md. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C. Edgar Hearn Sr. Mary McFadden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. I2-0I-93I4 Mrs. Mary W. Hearn 5I2 Glen Allen Dr INTERVAL BETWEEN 18. CAUSE OF DEATH 420,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CORONARY THROMBOSIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ATTERIO SEPEROTIE CU PISERSE 44785 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CERTIFICATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc;) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK AT WORK JENUSRY 1947 to_ . 1933 that I last saw the 22. I hereby certify that I attended the deceased from_ and that death occurred at 4.35 pm., from the causes and on the date stated above. deceased alive on 4/2 238. ADDRESS 224. SIGNATURE 23C DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Loudon Park Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR

2906K

Howard Strong 3207 W. North Ave.

In fruch

416	F2 0017
	EALTH DEPARTMENT 53 3345 Registered No.
BIRTH NO. 53-0854/ CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED Baby Girl Oliver	2. DATE OF DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION Voctor's Hospital	B2 (+0, Mal. 20 -0 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3/27/53 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	TO MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT WITH ADDRESS
18. 756.0 1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	14-12-141
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Colorpson 8d
ANTECEDENT CAUSES	sible appeared of
	ed wreffing
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY7
A L	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	3/29,195, to Y/Y, 195 that I last saw the
deceased alive on 19, 19, and that death occu	rred at 1 m., from the causes and on the date stated above. 238. ADDRESS 23C. DATE SIGNED
teling took M.D.	1406 Eutow PC. 4/4/53
TION REMOVAL (Specify)	ERY OR CHEMATORY 24D. LOCATION (City town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FONERAL TIRECTOR ADDRESS
VS 150	hard hard hard har

	53 33	346		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	5. Registered	3 3346 1 No.
1.	NAME OF I		e Ci	hapman		2. DATE OF DEATH AP	r. 4. 1953
B. H	PLACE OF I Baltimore FULL NAME OSPITAL OR NSTITUTION	City, Maryland OF (If not in hospit	al or instituti	on, give street address or location)	Q 11.	B. COUNTY	If institution: residence before admission mits, write RURAL and give
-	gth of	stay in Baltimore	5	Yrs. X Mos. Days	-19.1	rural, give location) ds worth 9. AGE (In years)	ii Under 1 Year If Under 24 Hours
10	F DA. USUAL OF	CCUPATION (Give kind of tof working life, even if retired)	WIDOW	ED, DIVORCED (Specify)	8-7-1890 11. BIRTHPLACE (State or f	last birthday)	Months Days Hours Min.
	House 3. FATHER'S	NAME		INDUSTRI	14. MOTHER'S MAIDEN N	/	WHAT COUNTRY
15 (Ye	Jam 5. WAS DECEAS es, no or unknown	SED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	eritt	ADDRESS Same
ERTIFICATION	OISEASE	ANTECEDENT CAUSE SOR CONDITION LEADING TO DEA' LEADING TO DEA	FH of dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH	DUE TO (B)	of Death (accident	NTERVAL BETWEEN ONSET AND DEATH
U	TO THE	SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION 1	NOT RELATE	· llivert	iculitis	au T	20, AUTOPSY?
EDICAL		DENT WAS UNDER- DR CONTRIBUTING	218. PLA	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City	YES NO V, give exact location)
Σ	210. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
		by certify that I attalive on 4-3	ended the	and that death occur	- 28 , 1953 to 5 rred at 1:30 A m., from to 13B. ADDRESS		53, that I last saw the the date stated above 23C, DATE SIGNED
T	4A. BURIAL.	ED BY REGISTRAN	3 .	24C, NAME OF CEMETE THE	RY OR CHEMOTOR 240. L	OSPITAL OCATION (City, too	wn, or county) (State)

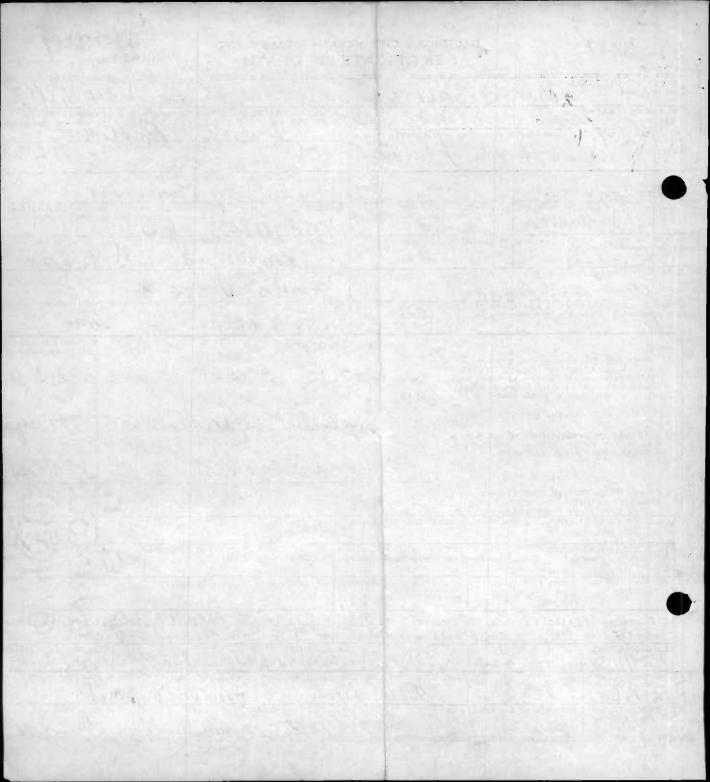
Turtington

- 1	
53	3347

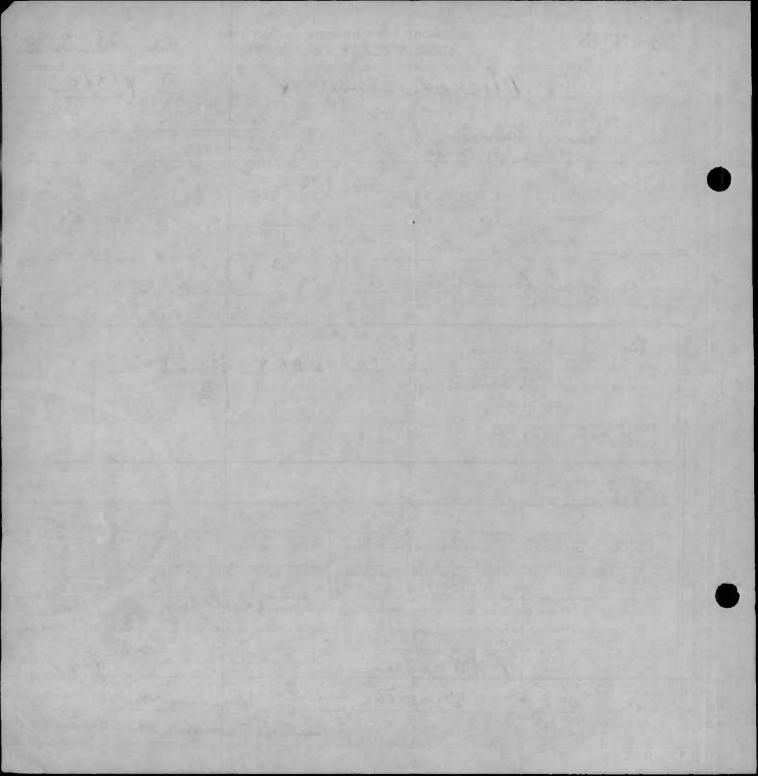
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	3347
egistered No.	

BI	RTH NO.										
	NAME OF DE	MARI MARI	A.S	ALLIN	16		2	OF DEATH	APRIL	4,1	953
	PLACE OF DE Baltimore C	ATH:	BALTI	MORE.	MO	4. USUAL RESID	ENCE (When		lived, If instit	ution : resid	
8.	FULL NAME C		al or institut	ion, give street a		HHAM	land	A	partin	201	
IN	STITUTION	atheran Hos	spital.	of Maryl	aud	c. CITY OR TOW		side corpor	ate limits, wri		and give
4	1	COTTON TOOL	7	/				22	2226	/	
1				10	Yrs.	D. STREET ADDR	ESS (If rur	al cive loca	1. 1	,	
C		ay in Baltimore		//	Days	44 LIB	erry		c way	***	
5.	SEX	6. COLOR OR RACE	VIDOW	. MARRIED. ED, DIVORCED	(Specify)	8. DATE OF BIRTI	H 9	last birth	day) Months		rs Min.
	remale	white	Mas	red		SEPT.8,10	172	60	3		
		UPATION (Give kind of working life, even if retired)	108, KINE	OF BUSINESS	S OR DUSTRY	11. BIRTHPLACE				WHAT CO	
	House	wife	-	7			TO. , M		11	J, SA	
13	. FATHER'S N	AME				14. MOTHER'S MA	AIDEN NAM	E			
		PRIES KIS	OHER			SOPHIA	VIT	TE			
15 (Ye)	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURIT	V NO	17. INFORMANT			ADDRE	SS	
(NO	No		NONE	1 10.	JULIUS J.	BALLIN	6 -	SA	ME	
	18. 1/ 2/	1.1			AUSE C	F DEATH				NTERVAL E	
	700	E OR CONDITION	DIRECTLY				As view			DNSET AND	DEATH
		not mean the mode of	TH	(4)	CARI	PIAC A	RREST			MMEL	diata
	heart failur	re, asthenia, etc. It mea complication which c	ns the diseas	e,							*
				., DUE 10	1.		_	1 ,			,
7	ANTECEDENT CAUSES (B) Myo cardial Infarction									17 4	aus
ō		OR CONDITIONS, I					7	•	•••••••••••••••••••••••••••••••••••••••		
AT	UNDERLY	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO	A						,
0					COP	PONARY THE	ROMBOSI	15		1701	aus
E		II		(C)		7,00				1	1
ER		IGNIFICANT CONDI									
O		SEASE OR CONDITION		FINDINGS O	E OPER	TION		**********		20. AUTO	DEV2 /
7	ISA. DATE O	POPERATION	SB. MAJOR	FINDINGS O	r OPER	TION			12412	YES T	No.
Ö	21A. ACCIDE	NT, SUICIDE,	218. PL/	CE OF INJUR	Y (e. g., in	or 21c. WHERE	DID (If i	n Baltimor	e City, give e		ion)
ED	HOMICIDE	(Specify)	about home,	arm, factory, street, o	office bldg.,et	c.) INJURY OCCL	JR?				
Σ	2ID. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURRE	D 21F, HOW DIE	D INJURY O	CCUR7			
1	OF INJURY	, (===,		WHILE AT N	OT WHILE						
			m.	WORK	AT WORK L	10 6	· /-	017	Ca		
		certify that I att	- P - 10			1-15			, 1953 the		
		ive on APRIL 4	1905.	and that deat		red at	., from the	causes ar	nd on the do	c. DATE S	
	23A. SIGNAT	lleam XX	osso	uso.	M. D.	Julheray K	Jacket.	al of	nd a	prof 4	193
2.0	AA. BURIAL, C		2	24c. NAME OF	CEMETER	Y OR CREMATORY	246. LOC	ATION (Ci	ty, town, or Vo	unty)	(State)
	JURIAL	4-8-3)	OAK	MAI	WN	BALT	O. Co	· , Ma		
	ATE RECEIVED		S SIGNATE	RE		25. FUNERAL DIF	RECTOR	0	ADI	DRESS	
A	DD C = 19	133 H 1	t. 1	hell sugar	M.Z	Watter	Brooks	Best	ley)	Vines	alh
#	VS 150	T BATE BAY	132-13	11111111111					1	7	



0	11 -	_2.00		
e,	ВІ	7.4 .4.544	HEALTH DEPARTMENT ATE OF DEATH Registered T	र्हे 334 <u>8</u>
d. The	(T	NAME OF DECEASED MICHAEL Edu		3/53
pplie	Α.	Baltimore City, Maryland Baltimore & MA FULL NAME OF finet in hospital or institution, give street address		institution : residence before admission)
ully supplied.		OSPITAL OR Mury Hospital Socation St.		ts, write RURAL and give township)
	c.	43 M	rs. D. STREET ADDRESS (If rural, give location) los. lays 808 N. Chaple	
d be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years)	H Under 1 Year H Under 24 Hours ouths Days Hours Min.
NDING information should be	10 worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUST The latest the second se	R 11. 5(RTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
tion th cle	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	W. 37,
format f dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	o. 17. INFORMANT	DDRESS
R BINDING		18. 420.1 , CAUS	SE OF DEATH	INTERVAL BETWEEN
E E E		DISEASE OR CONDITION DIRECTLY	ORONARY SCLEROSIS	ONSET AND DEATH
中 中		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DRUNING SCLEROSI	3
RESERVED INK. Ever please write		ANTECEDENT CAUSES		
G INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN UNFADING Physicians:	FICA	II		
MAR NFA hysic	ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
heet	AL C	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF O		YES NO
LY, WITH	EDIC/	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		give exact location)
	Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	HILE	
PL		22. I certify that I took charge of the remains describe	ed above, held an Chilopsy, Autopsy, 1 spection or Inquiry	_ thereon and from
ITE espe		the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural ea	or Inquiry, find that said deceased died on thuses ∑, accident □, suicide □, homicide □, t	undetermined .
PLEASE WRITE P		23A. SIGNATURE ROSSINE	ASSISTANT MEDICAL EXAMINER	44/53
EASE rect a		4A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEM ON. REMOVAL (Specify) 4-7-13 Dale Holl	Denelly Ballings M	14.
PL		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Contelin 5494	Below Rd. 6
	V	7 S 151	£0.	1



-	6	1	10	
52		33	49	
		CEC	y .,530 3. 1	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

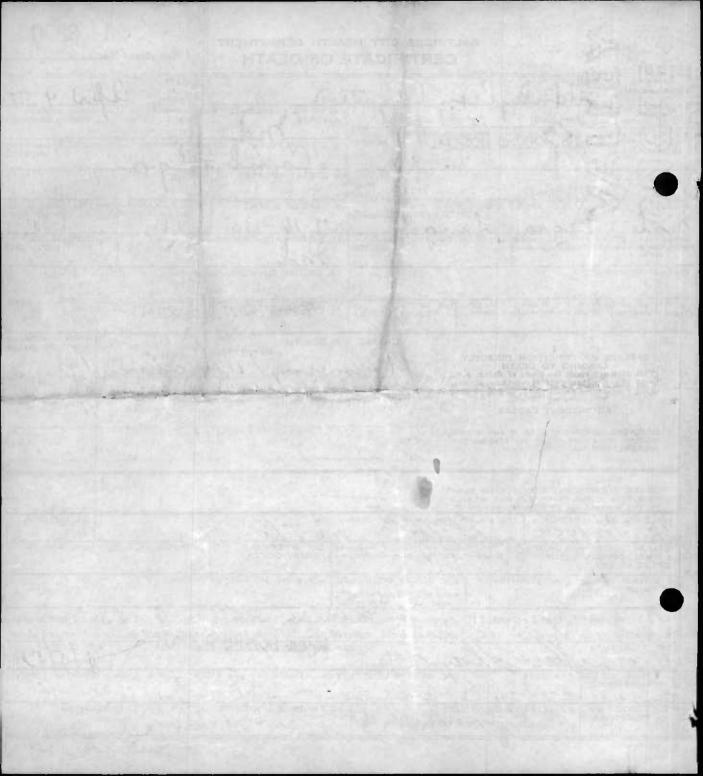
•	
E9	2220
33	3349
Registered No.	120
Registeren No	

٠, ور				CERTIFIC	CATE	OF DEATH	Registered	No.
	IRTH NO.							
(T	NAME OF Sype or Print)	0 /	·les	7-	Bir	lev	OF DEATH	R 5 1953
Α.		City, Maryland	ON	W 6		4. VSUAL RESIDENCE (W	here deceased lived, I	If institution: residence before admission)
H	OSPITAL OR	MOHNS HOPE	UNS HO	SPITAL 10	cation)	1 - 1 - 1	1	its, write RURAL and give township)
1	200				Yrs.	D. STREET ADDRESS (If	rural, give location)	600
	orth of	stay in Baltimore			Mos.	14 - 1	1	
5.	SEX	6. COLOR DR RACE	7. SINGLE	MARRIED.	Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
1	male	white	WIDOW	ED. DIVORCED	(Specify)	12-27-12	last birthday) N	Months Days Hours Min.
1 C	A. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	10B. KIND	OF BUSINESS	OR JSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME				14. MOTHER'S MAIDEN NA	AME	
15 (Ye	5. WAS DECEAS	SED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT	INS HOSPITAL	ADDRESS
	1B. 20	1 ×		CAI	USE (OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY	11				DNSET AND DEATH
		LEADING TO DEAT	ГН	/1	000	kuis Osea	se	22 mg.
	heart fail	ure, asthenia, etc. It mea	ns the diseas	e,	0		***************************************	1000000000
				., 50				
7		ANTECEDENT CAUS	ES	(B)				
0	DISEASE	ES OR CONDITIONS, IN	ANY, GIVIN	G		***************************************	*******************************	
AT	UNDERL	YING CONDITION LA	ST.					
2			15 6 4	(C)	• • • • • • • • • • • • • • • • • • • •	***************************************	***************************************	
ERTIFICATION	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	D				
U		OF OPERATION 1		FINDINGS OF	ODED	ATION	***************************************	
AL	ISA. DATE	OF OPERATION	98. MAJOR	FINDINGS OF	OPER.	ATTON		20. AUTOPSY?
EDICAL	21A. ACCI LYING C CAUSE OF	DENT WAS UNDER. DR CONTRIBUTING	218. PLA	CE OF INJURY arm, factory, street, offi	(e. g., in	or 21c. WHERE DID (I	f in Baltimore City,	, give exact location)
Σ	210. TIME	(Month) (Day) (Year)		21E. INJURY OC	CURRE	21F. HOW DID INJURY	OCCUR?	
	22. I here	by certify that I att				18- ,1953 to 4	-5- 105	3that I last saw the
	deceased of	dive on 4-5-	1957	and that death	occur	red at 3 15 9 m., from t	he causes and on	the date stated above
	23A. SIGN		1/	Z- Quent		3B. ADDRESS	te causes and on	23C, DATE SIGNED
	(cexaure	2 600 6	W-DILLO	D.	SOUND HOWKING	HOSPITAL	145/53
TI	4A. BURIAL, ON, REMOVAL LEVELOUGE	(Specify)	5 1953	24C. NAME OF CI	PEMETER	RY DR CREMATORY 24D. L	OCATION (City, tow	n, or edunty) (State)
B	ATÉ RECEIV	ED BY REGISTRAR'	SIGNATU	RE	und.	25. FUNERAL DIRECTOR	Marian, 1	ADDRESS
L	PR 6-	1953 H. t	instore	WAT IALL B	M	2. It Chambers	Revirde	ale Incl.
	VS 150		0	MY2				

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If in stitution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF OHNS HOPKINS HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give beation) Mos. oth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under I Year 8. DATE OF BIRTH 9. AGE (In years) WINOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. -33 10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) IRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give war or dates of service) 16. SOCIAL 17. IN OHMSTHOPKINS HOSPITAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DATE OF OPERATION 19B/ MAJOR A. ACCIDENT WAS UNDER ME. PLACE OF MJURY (6. g., in or pout home, farm factory, street, office bidg., etc.) NJURY (e. g., in or WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Mar. 26 1953 to Cl 195 3 hat I last saw the 130m. A. 19 23 and that death occurred at 2 from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. BOHLES HOPKINS 23c. DATE SIGNED 24A. GURIAL, CREMA 24c. NAME O 24D. LOCATION (City, town, or county) / TION-REMOVAL (Specify) eo. mu DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150



4	300					
	53 3351 BALTIMORE CITY HE CERTIFICATE		3351			
1.	NAME OF DECEASED (Stype or Print) GEORGE THOMAS LLOYD	2. DATE OF DEATH 3 april	11953			
B. H	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION 436 S. Succession)	A. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY A. D. BALTO. C 17 C. CITY OR TOWN (If outside corporate limits, w. BALTO.	itution : residence before admission			
c.	gth of stay in Baltimore	D. STREET ADDRESS (If rural, give location)	Ballo 23.			
5.	M 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 5-13-01 9. AGE (In years last birthday) Months	n 1 Year Il Under 24 Hours B Days Hours Min.			
vor	DA. USUAL OCCUPATION (Give kind of k dooe during most of working life, even is retired) ELECTRICIAN BYO Radrowd INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. BALTIMORE	CITIZEN OF WHAT COUNTRY			
1	WILLIAM H. LLOYD	14. MOTHER'S MAIDEN NAME ELIZABETH LEIBOL				
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT HERMANG-HEFFTER	EST . ENTALOUST.			
FICATION	DISEASE OR CONDITION DIRECTLY	PTIC CIRRHOSIS	SEPT: 1952			
L CERTI	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION HEPATIC CIRRHOS	CECOLED THE . I . A DINAS.	20. AUTOPSY?			
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., io or LYING OR CONTRIBUTING chout home, farm, factory, street, office bldg, etc.) INJURY OCCUR? (If in Baltimore City, give elements of the contribution of the contr						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from	1953 to 3 axid 1953 ti	hat I last saw th			

, 1953, and that death occurred at 73 A.m., from the causes and on the date stated above. deceased alive on Regil 23A. SIGNATURE 238. ADDRESS CATROSUILLE 23c. DATE SIGNED

1075. BELLE GROVE RD. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

REGISTRAR'S SIGNATURE

April 6, 53 Loudon Park Cem.

ck Cem. | Frederick Road ADDRESS

VS 150 51550

JOHN F. DENNY, INC. 715 Light St.

DATE RECEIVED BY

MAF/ 132498

53 3352

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3352

BIRTH NO.				- 0 2			
1. NAME OF D (Type or Print)		liam Wa	smuth		OF Apr. 2	2, 1953	
8. PLACE OF D A. Baltimore (B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland	ity Hos	on, give street address or pitals location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission waryland			
c. gth of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If 4940 Eastern Av		7 Hospitals	
Male	6. COLOR OR RACE White	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	Feb. 5, 1859	9. AGE (In years last birthday) Mon	ths Days Hours Min.	
IOA. USUAL OC work done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S	Frederick Was			14. MOTHER'S MAIDEN N Catherine Leo			
15. WAS DECEAS (Yes, no or nnknown)	ED EVER IN U, S. ARMED (If yes, give war or date:	FORCES?	16. SOCIAL SECURITY NO.	B. C. H. 4940 Eastern Ave. (records)			
(This does heart fallu injury or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenla, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Carcinoma of Pancreas (A) Carcinoma of Pancreas (B) Arteriosclerosis, Generalized (B) DUE TO (C)						
TRIBUTING	II GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATE	D	ATION		20. AUTOPSY?	
A Isan	OF GERATION 1	SB. MAJOR	FINDINGS OF OFER	ATION	YES NO		
LYING OF	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?						
OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK 10-10 19 49, to 4-2 1953, the deceased alive on 4-2 1953, and that death occurred at 4:30P m., from the causes and on the deceased alive on 4-2 1953, and that death occurred at 4:30P m., from the causes and on the deceased alive on 4-2 1953, and that death occurred at 4:30P m., from the causes and on the deceased alive on 4-2 1953, and that death occurred at 4:30P m., from the causes and on the deceased alive on 4-2 1953, and that death occurred at 4:30P m., from the causes and on the deceased from 4-2 1953, and that death occurred at 4:30P m.						
23A. SIGNA	TURE	Du.	1 2	38. ADDRESS 940 Eastern Ave.,		23c. DATE SIGNED 4-2-53	
tion, REMOVAL (S Burial	4/6/53	3	Lorraine I		oodlawn. Md		
DATE RECEIVE		tington	Williams H	25. FUNERAL DIRECTOR JOHN F. DENN	Y, INC. 715	Light St.	

S. S		
	The state of the s	
Constitution of the Chart.		0 1
	to the first terms of the second seco	
a distribution of the man		
		元服
		4

LTIMORE CITY HEALTH DEPARTME

53 3353

53 3353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF Daype or Print)	JAME	s RICHAR	D CHEEZUM		2. DATE OF Apri	1 3, 1953
3. A.	PLACE OF D Baltimore	City, Maryland Cl	harles &	24th St.	4. USUAL RESIDENCE (
В.	FULL NAME	Melchor Nurs	al or institutio	n. give street address o		If outside corporate lim	its, write RURAL and give
2	ngth of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I		
	sex Male	6. COLOR OR RACE White	7. SINGLE. WIDOWE Diver	D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 liours Months Days Hours Min.
work	doneduriog most Wer engi	CCUPATION (Give kind of of working life, eveo if retired) NEET	Standar	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S Charles		GAS	(Res)	14. MOTHER'S MAIDEN NAME		
		ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	Emma Bartlett		
(Yes	NO.	(If yes, give war or date		SECURITY NO. 214-01-4204			ADDRESS
	18. 421	0./			Mrs. Bernive Vo	II Faris 1526	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ERTIFICATION	RISE TO	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING	(B) Con	nary arteriorde	notee thems	his
CERTIF	TRIBUTIN	II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
	19A. DATE	OF OPERATION O	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
IEDICAL	21A. ACCIL LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., m, factory, street, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	WI	TE. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
22. I hereby certify that I attended the deceased from July , 192, to Mil 3, 193, that I last san deceased alive on March 26, 193, and that death occurred at 7:21 h.m., from the causes and on the date stated as							
	23A. SIGNA	TURE	enecin		23B. ADDRESS 1/09 N. Calver	tet baltoria	23c. DATE SIGNED
TIO	A. BURIAL. N. REMOVAL (Irial	CREMA- Specify) April 6,		Spring Hill	ERY OR CREMATORY 24D.	Ston, Md.	n, or county) (State)
LO	TE RECEIVE	D BY REGISTRAR	s signatur	E	25. FUNERAL DIRECTOR		address eans St.

VS 150

57345

BINDING RESERVED MARGIN

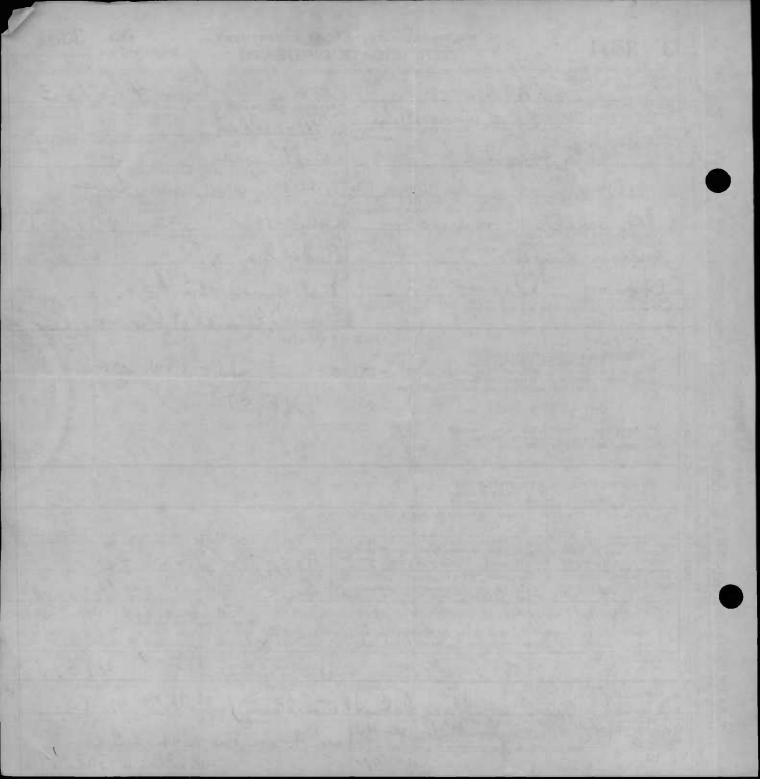
ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 21F, HOW DID INJURY OCCUR? 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER 24D. LOCATION (City, town, or county)

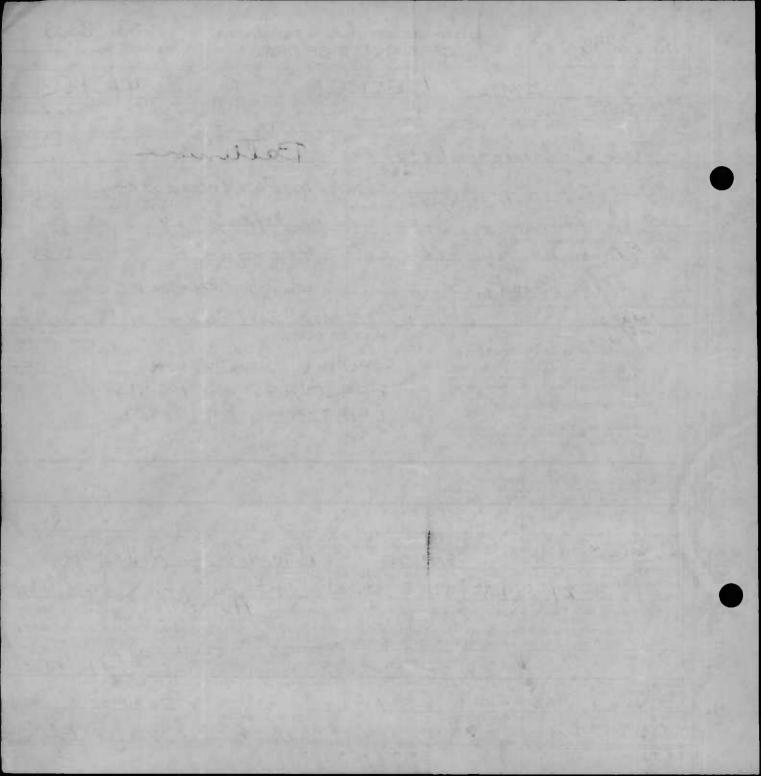
before admission)

If Under 24 Hours

WHAT COUNTRY?

12. CITIZEN OF

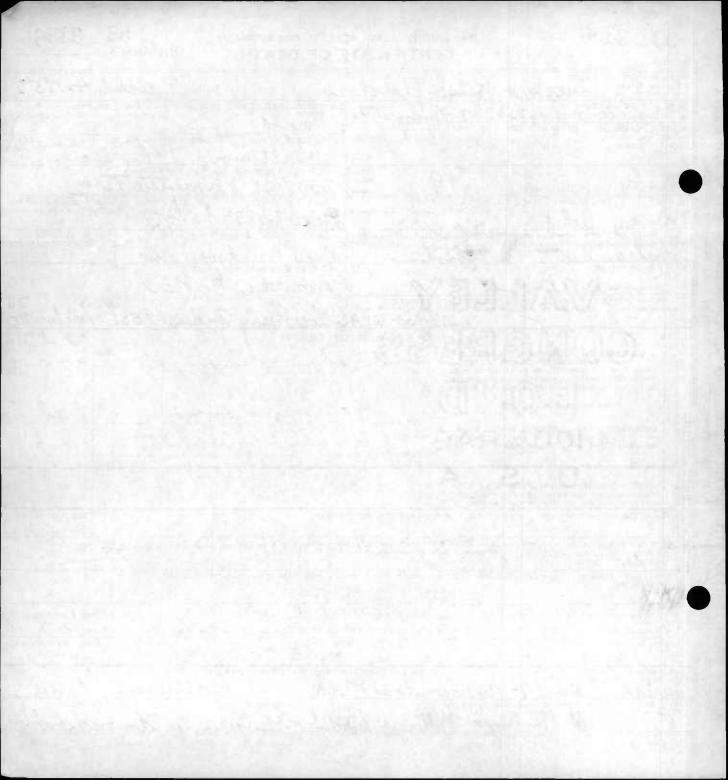




BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF akri 4. USUAL RESIDENCE (Where deceased lifed, If institution : residence A. Baltimore City, Maryland 2502 Wr. La A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITYLOR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET APPRESS (If rural, give location) Moo Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Male Married 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? alesman 13. FATHER'S NAME leoral 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yee, no or uokoowo) SECURITY NO INTERVAL SETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 3-25-53 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Mav. 31deceased alive on Arr. 4, 1950, and that death occurred at 15 2 m. from 23A. SIGNATURE . 1933 that I last saw the 12 m., from the causes and on the date stated above. une 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24g. LOCATION (City, town, or county) TION, REMOVAL (Specify) REGISTRAR'S SIGNATUR DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR witnesson VS 150

care

ery item of



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 7-(If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOME FOY. (If rural, give location) Yrs. O. STREET ADDRESS . Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTR none 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. none 18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK T 22. I hereby certify that I attended the deceased from 1951 to april 1953 that I last saw the mm., from the causes and on the date stated above. deceased alive on gral 1953, and that death occurred at 8 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240 NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or ounty) PLEASE Jarrison torest

25. FUNERAL DIRECTOR

before admission)

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY

ONSET AND DEATH

45 Kunt

20. AUTOPSY

23C DATE SIGNED

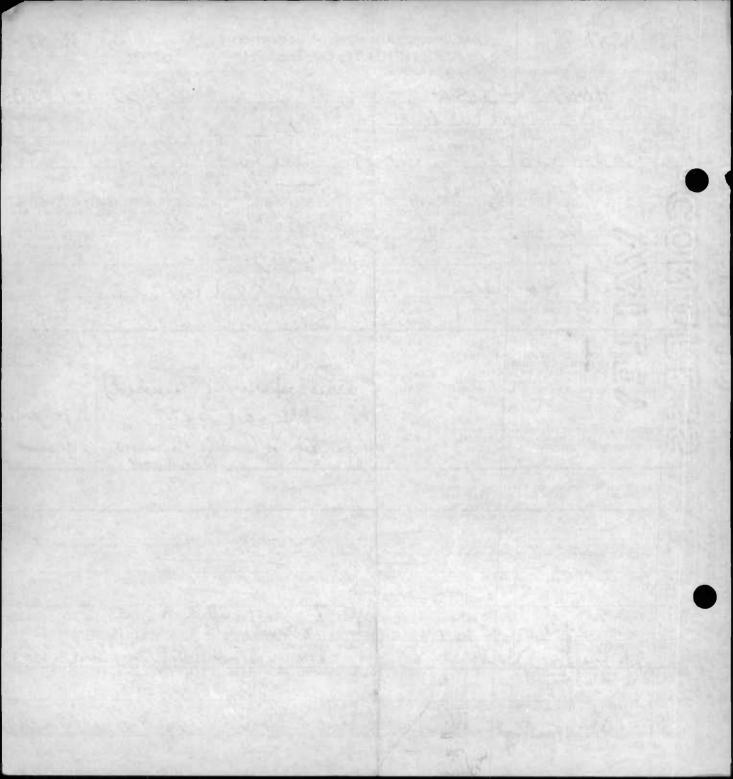
ADDRESS

VS 150

DATE RECEIVED BY

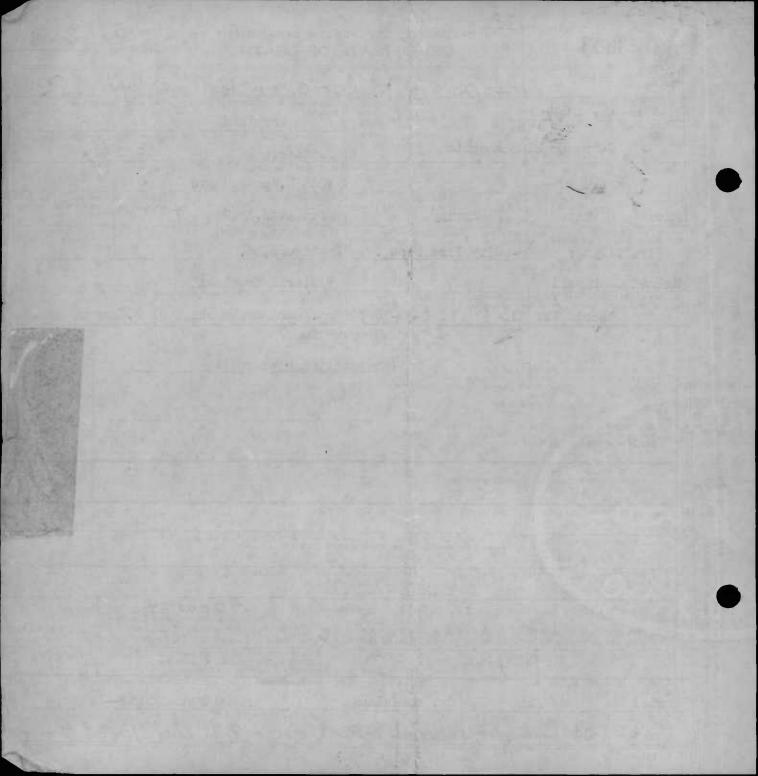
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



	53 335 ERTH NO.	58	BALTIMORE CITY H	EALTH DEPARTMENTE OF DEATH	IT Register	53 3358 ed No.		
(T.	NAME OF DEC ype or Print) PLACE OF DEA Baltimore Cit	TH:	EODORE P.	A. STATE	B. COUNTY	#13 /53 d. If institution: residence before admission		
B. HC	FULL NAME OF		al or institution, give street address o location Hospital	Baltimore 5	(If outside corporate	limits, write RURAL and give township		
-		y in Baltimore	Yrs. Mos. Days	1033 N.Kenwood	D. STREET ADDRESS (If rural, give location) 1035 N.Kenwood Ave			
-	sex e	COLOR OR RACE	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify MATTIED	March 14th,1916	9. AGE (In year last birthday)	Months Days Hours Min.		
work			10B. KIND OF BUSINESS OR INDUSTR' City Fire Dept,.	Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY		
100	ichael Gac			Victoria Kowalski				
(Yes	s, no or unknown)	ever IN U. S. ARMEI (If yes, give war or date orld War 11	security No.	17. INFORMANT ADDRESS Mrs.Pearl Gackowski 1033 N.Kenwood A				
ERTIFICATION	(This does in heart failure in jury or conjury or conju	LEADING TO DEA not mean the mode of the mo	of dying, e.g., (A) ITTUEL'S and the disease, caused death.) DUE TO SES FANY, GIVING STATING THE DUE TO (C)	titial Myocardi	tis			
7 0	19A, DATE OF	OPERATION 1	98. MAJOR FINDINGS OF OPE			YES X NO		
EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB-		in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Ci	ity, give exact location)		
Σ	21D. TIME (M OF INJURY	onth) (Day) (Year	(Hour) 21E. INJURY OCCUR! WHILE AT NOT WHILE NOT WORK AT WORK		URY OCCUR?			
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection of Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes Xaceident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).							
	23a. SIGNATU	OT		M.D. MEDICAL INVESTI	GATOR	4/3/53		
II TIC	4a. BURIAL. CR ON. REMOVAL (Spe Burial	248. DATE 4/7/53	St. Stanislaus		o. LOCATION (City, t			
D	ATE RECEIVED	BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTO		ADDRESS		

ADDRESS N. Kenwood A INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X re City, give exact location) thereon and from Inquiry d on the day stated above, de [], undetermined []. ity, town, or county) Ave-Balto,



-		50						
			BALTI	MORE CITY HE	EALTH DEPARTMENT	53	3359	
5	3 33 RTH NO.	99			E OF DEATH	Registered No.		
1.	NAME OF D					12. DATE		
(T	'ype or Print)	Roman J. Swig	on (OR)	Raymond J.S	wigon	DEATH April 3r	d.1953	
	PLACE OF D		0 C C7		4. USUAL RESIDENCE (V	Vhere deceased lived. If insti	tution: residence	
	FULL NAME	City, Maryland 62	al or institution	give street address or	A. STATE Maryland	B. COUNTY	before admission)	
H	SPITAL OR	Oi (ii not in nospit	or thousanding,	location)		outside corporate limits, wr	ite RURAL and give	
117	STITUTION	At Hon	ne		Baltimore-24	1-0	township)	
				Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	bength of s	tay in Baltimore		Mos. Days	628 South Curley	Street		
5.	SEX	6. COLOR OR RACE	7. SINGLE, M	ARRIED. , DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Under		
M	ale	White	Married	, DIVORCED (Specify)	Aug, 5th, 1893	last birthday) Months	Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND O	BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF	
	Forman	, working me, even in resired)	D.E. Foote	Packing Co	., Baltimore, Md		WHAT COUNTRY?	
13	FATHER'S	NAME		IED VEG.	14. MOTHER'S MAIDEN N	AME		
C	asper Sw.	igon	-7.7.1	(M)	Josephine Augus	tyniak		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 10	3. SOCIAL	17. INFORMANT	ADDR	ESS	
10	s, no or onenown)	(1. Jos. Rive wat or date	2]	6-07-6974	Josephine Swigon			
	18. 421),/			OF DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION	DIRECTLY	0			ONSET AND DEATH	
	(This does	not mean the mode of	f dving, e.g.,	(A)	ULMONARY ED	EMA	4/3/53	
	heart failu injury or	re, asthenia, etc. It mea complication which c	ns the discase, aused death.)	DUE TO		***************************************		
		ANTECEDENT CAUS		C	Cara and	/	-11	
z				(B)	RY SCLEROSIS K,	7/2/51		
2	DISEASES RISE TO T	OR CONDITIONS, II	F ANY, GIVING	DUE TO al		1	***************************************	
4	UNDERLY	ING CONDITION LA	ST.	PATERI	OSCLEROTIC CAN	DIO- VASOULAR	2.?	
				(6)	DISTAST			
-	OTHER S	IGNIFICANT CONDI	TIONS CON					
T	TRIBUTING	TO THE DEATH, BUT	NOT RELATED			de magnificati		
			The same of the sa	NDINGS OF OPER	ATION		20. AUTOPSY?	
Y.		NONE						
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in LYING OR CONTRIBUTING) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						f in Baltimore City, give	exact location)	
3		(Month) (Day) (Year)	(Hour) 21F	. INJURY OCCURRI	ED 21F. HOW DID INJURY	COCCUR?		
	INJURY		WHIL		7			
			m. wo	RK L AT WORK	111-11 2 51 1	n 01/ 2 F3		
	22. I hereb	y certify that I att	ended the dec		195, to A	PRIL 3, 1953, th	at I last saw the	
	deccased al	ive on APRIL 3	_, 1933, and	l that death occur	red at 9.55 Am., from t	he causes and on the de	ate stated above.	

23A. SIGNATURE

24B. DATE

24C. NAME OF CEMETERY OF CHEMAT

24D. LOCATION (City, town, or county) (St

23C. DATE SIGNED

24A. PURIAL CREMA-TION, REMOVAL (Specify) Burial

4/7/53

St. Stanislaus

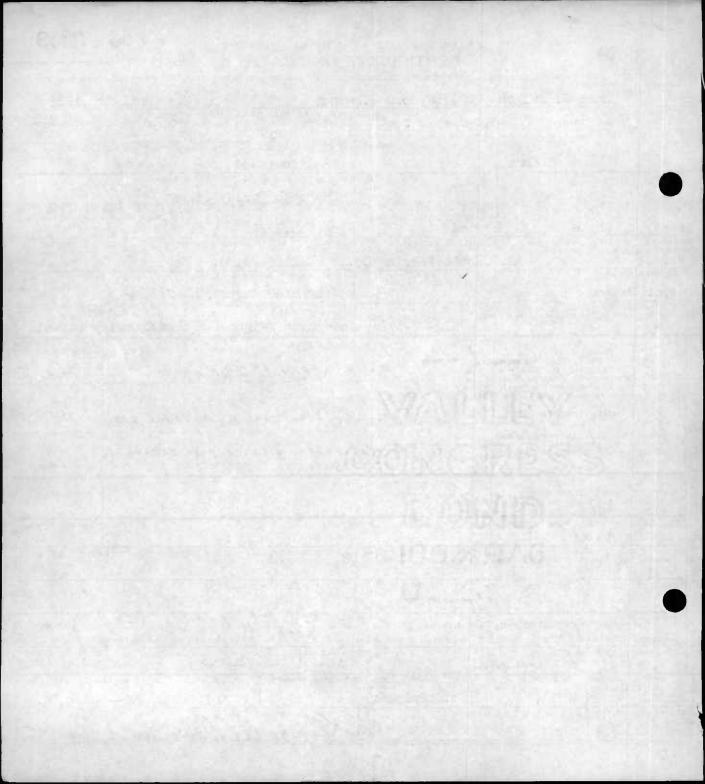
1300 Dundalk Ave—Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

52342

23B. ADDRESS



3 3350 BALTIMORE CITY HEALTH DEPARTMENT Registered No... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 6,010 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Belto B FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 034 GreenmonnT 5. SEX 7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) It Under 1 Yeer last birthday) | Months; Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? TEVERN DWNEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John JChhma 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or detes of service) 16. SOCIAL SCHUMAN INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or

20. AUTOPSY (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

ebout home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

MIVEISI

FUNERAL DIRECTOR

, to 4131 19_ , 19__, that I last saw the p.m., from the causes and on the date stated above. and that death occurred at.

ID. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT NOT WHILE

AT WORK WORK

deccased alive on 413 23A. SIGNATURE

22. I hereby certify that I attended the deceased from.

23c., DATE SIGNED HOSDII

Z.A.) BURIAL, CREMA-TON REMOVAL (Specify) upiak

24C. NAME OF CEMETERY OR PREMATORY

23B. ADDRESS

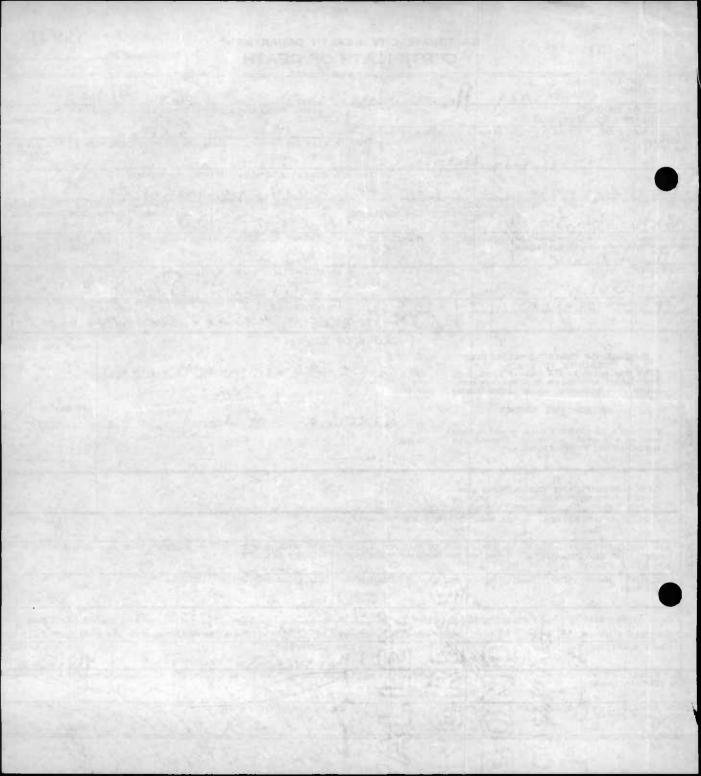
ON (City town, or county)

LOCAL REGISTRAR

DATE RECEIVED BY REGISTRAR'S SIGNATURE 1053

ADDRESS

VS 150



53 3361 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE (Type or Print) Baby Boy Morrell (Dorothy) OF DEATH Mar. 31, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1527 W.Lexington St. 45 days c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days WIDOWED DIVORCED (Specify) Hours; Min. Male Negro Feb. 15. 1953 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Morrell Dorothy Harrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. B. C. H. 4940 Eastern Ave. (records) INTERVAL BETWEEN LaIX CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Bronchopneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPS YES X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? UNJURY NOT WHILE! WHILE AT WORK 2-15 3-31 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 3-31, 1953, and that death and that death occurred at 5:18P m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. Balto., Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 4940 Eastern Ave., Balto.Md. Cremated Baltimore City Hospitals DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS OCAL REGISTRAR MURIUS- N.

TOTAL TO A TABLE TO A

Treb. co. bat.		Of the world will call		
		The same of the sa	O of Fire	
71 102 02				
			(0.2) 4H	
me!	Total Carolina		Approximately	
(allmanus listonia anatan)				
red Con Con Ald Specialist of the Control				
aller (.m)m				
ettic ensint ne				

3200					
BALTIMORE CITY HE 53 3352 0 76 14 CERTIFICATI	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) Baby Boy, Matthews (Emm	a) 2. DATE OF Apr. 1, 1953				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission				
HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4940 Eastern Avenue					
c. egth of stay in Baltimore life- Mos. Days	D. STREET ADDRESS (If rural, give location) 4652 Falls Road				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year II Under 24 Hours				
10A. USUAL OCCUPATION (Glve kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
13. FATHER'S NAME James McBride	14. MOTHER'S MAIDEN NAME Emma Matthews				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ematurity				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	YES X NO				
>	etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK					
deceased alive on 4-1, 1953, and that death occur	-1 , 19 53 to 4-1 , 19 53, that I last saw th rred a 10:154 m., from the causes and on the date stated above				
1.	236. ADDRESS 940 Eastern Ave. Balto. Md. 4-1-53 RY OR CREMATORY 24d. LOCATION (City, town, or county) (State)				
Cremated 4-3-53- Balyimore Cit	y Hospital 4940 Eastern Ave				
LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS				

newspark lead DAINCEN BESCH •

7	362 53 3363 BIRTH NO.		BALTIMORE CITY CERTIFIC
	1. NAME OF DECEAS (Type or Print)		J.PIOTRKOWSKI
	3. PLACE OF DEATH:	Maryland	Balto City

HEALTH DEPARTMENT

53 3363

	IRTH NO.			CERTIFIC	CATE	OF DEAT	Н	Register	ed No.		
	NAME OF C	ECEASED CTANTES	Z T DI	OMDIVO WOL	77			2. DATE OF A-		E 7	057
	PLACE OF D		Balto	OTRKOWSK . City		4. USUAL RESIDE	ENCE (W	DEATH A	ed. If inst	itution:	
8. H	FULL NAME OSPITAL OR ISTITUTION		al or instituti	on, give street ad	dress or	Md.		outside corporate			
			T .	^	Yrs. Mos.	STREET ADDRE		ural, give locatio	n)	0/	
5.	sex	tay in Baltimore 6. COLOR OR RACE	7. SINGLE	, MARRIED.	Days 8	4100 M		9. AGE (In year	rs II Unde	r 1 Year	If Under 24 Hours
	ale	White	Mar	ried		July 25,1	893	last birthday 59	Months	Days	Hours Min.
TOT	Salesm			of Business IND Lestate	USTRY	Balto.	Md.		12.	WHAT	OF COUNTRY?
13	B. FATHER'S		o + mlsos	armled	1	4. MOTHER'S MA	IDEN NA	ME		73	
15 (Ye	5. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY 214-26-	NO.	7. INFORMANT Phyllis	Dieta	okoweki .	41°00°	RESS	
FICATION	(This does heart failt in jury or DISEASE:	SE OR CONDITION LEADING TO DEAT not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	'H f dying, e.g ns the disease aused death. ES FANY, GIVIN STATING TH	(B)	for d	afle Cave	-stre	Some	lysh.		
CERTI	TRIBUTING	II SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	0							
CAL	19A. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF	OPERAT	ION				20. A	UTOPSY7
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, fa	CE OF INJURY	(e. g., in o fice bldg., etc.	21c. WHERE D		in Baltimore C	ity, give	exact lo	ocation)
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	HILE AT NO	CCURRED T WHILE						
	22. I hereb	y certify that I att live on Afril 5				d at 10 30 4 m.	3to %.	re causes and			ist saw the
	23A. SIGNA	1,01	andi		23E	ADDRESS	1	an	2:	3c. DAT	E SIGNED
24 TI	4A. BURIAL.	CREMA- 24B. DATE	2	4c. NAME of C	EMETERY	OR CREMATORY		CATION (City, 1		ounty)	(State)
	Burial			Holy R		5. FUNERAL DIR		Lto.Co.M		DRESS	
LO	CAL REGIST	1953 Hunt	ington	IAFAA.		Com S. Finla		6,2002	Ent	04.44	au

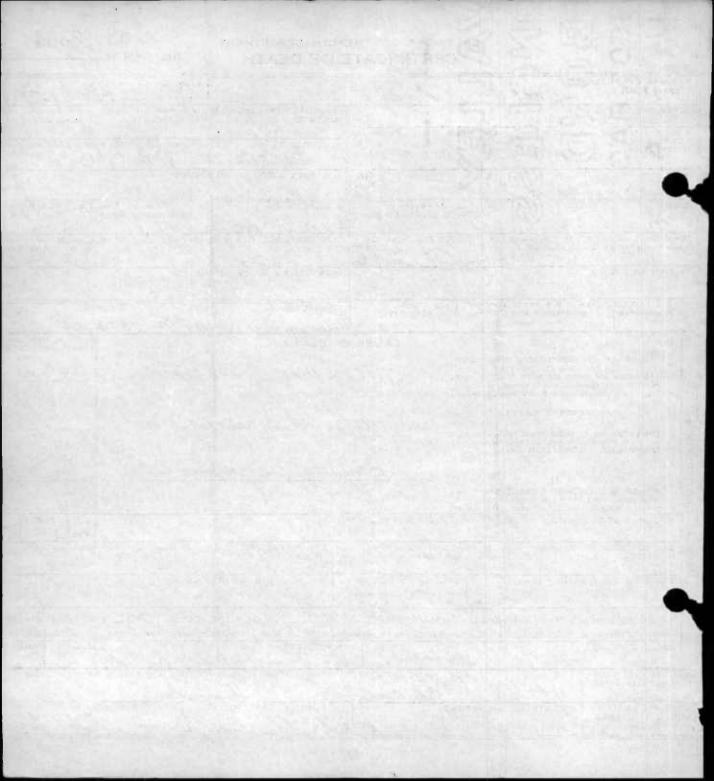
47074

STATE OF THE STATE . Over the frequency of the 1-600

3364

	53 30	304		CERTIFICAT			d No.
	RTH NO.			OERTH TOAT	L OI DEAT		
1. (T	NAME OF D		EV	V- HARE		2. DATE OF DEATH	4 APR-1953
A.		City, Maryland			A. STATE	ENCE (Where deceased lived B. COUNTY	. If institution : residence
H	OSPITAL OR			ion, give street address or location)	c. CITY OR TOWN	(If outside corporate li	imits, write RURAL and give
IN	ISTITUTION	LUTHERAN	HOST	PITAL OF MD.	BOLTI	MORE ISAL	TIMORE township)
1	ngth of s	tay in Baltimore	LIFE	Yrs. Mos. Days	D. STREET ADDRE	ESS (If rural, give location)	- 13-N1
5.	SEX	6.COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday)	Months Days Hours Min.
		CUPATION (Give kind of	10B. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
WOTI		of working life, even if retired)	brown,	book + Seal ba	MZ		WHAT COUNTRY
13	FATHER'S	NAME		COBS- GLOON	14. MOTHER'S MA	IDEN NAME	
15 (Ye	. WAS DECEASE s, no or naknown)	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Helen M. Har	c 1117 W. 4	's that
	18. 153	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION				@	2././
	heart failu	s not mean the mode ore, asthenia, etc. It mes	of dying, e. a	e,	ESTIMAL	PERFORATION	24 NRS.
	injury or	complication which		.) DUE TO			
Z		ANTECEDENT CAUS		(B)///	ESTINAL	DESTRUCTION	
CERTIFICATION	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
FIC		1		(C) METH	STATIC CAR	CINOMA, LOLO,	N
ERT	TRIBUTING	SIGNIFICANT COND	NOT RELATE	ED .			
		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	E 1 8						YES NO
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., 'arm, factory, street, office bldg.,			ty, give exact location)
Σ	21D. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	I MOOK!		m.	WHILE AT NOT WHILE			
	22. I hercb	y certify that I att	ended the	deceased from 3		3, to 4 APL, 16	
			_, 19			, from the causes and or	
	23A SIGNA	INE D	.01	Lare M. D.	Letter	- Hay il	23c. DATE SIGNED
Z. TI	4A. BURIAL. ON REMOVAL (S	CREMA- 24B. DATE	- >	24C. NAME OF CEMETE	ERY OR CREMATORY	24b. LOCATION (City, to	own, or county) (State)
D	ATE RECEIVE OCAL REGIST	RAR	1,000	IRE MOUS	25. FUNERAL DIR	4./	ADDRESS
	APK 6-	1953	A THON	9 Mars 24 - 16	bul E Chen	author serse	I bleshot fives

54432



53 b 53 3365

CERTIFICATE OF DEATH

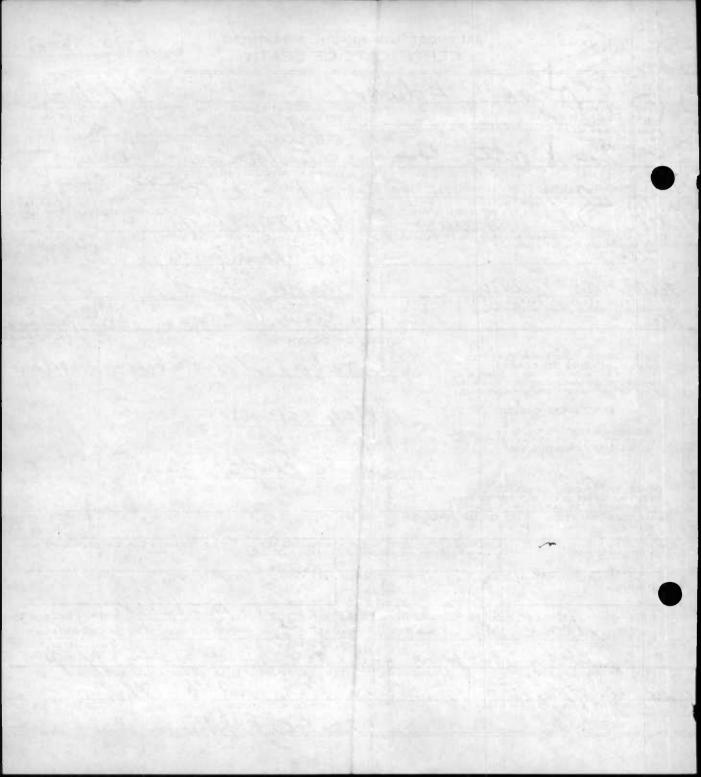
Registered No. 3365

DIDTH NO	CERTIFICAT	E OF DEATH	registered 110.	
1. NAME OF DECEASED	1	- 1	I a Barrie	
(Type or Print) Mary Eli	sabeth	Henderson	2. DATE OF DEATH CALL	24 1953
A. Baltimore City, Maryland	1 med look:	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence
B. FULL NAME OF (If not in hospita	al or institution, give street address of	MA II	B. COOK! 9 -	- Ogrove Jaumission)
HOSPITAL OR INSTITUTION DOHNS HO	PKINS HOSPITAL location	c. CITY OR TOWN (If	outside corporate limits, v	
33	Enino Hooffia,	12 all	meore	a township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)	10
c. Length of stay in Baltimore	Mos. Days	1308	Wiston	15
6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED OIVORCED (Specify	8. DATE OF BIRTH		or i Year If Under 24 Hours is: Days Hours Min.
Temple While	DI	5-6-197	55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF WHAT COUNTRY
name		mol.		WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or unknown) (If yes, give war or dated	FORCES? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANTAS HOP	VINE MOS ADD	RESS
	SECONITY NO.	TOURS HOP	NNS HOSPITAL	
18. / 57 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY		001	DNSET AND DEATH
(This does not mean the mode o	of dving, e.g.,	moma, proba	ble of pance	14 mo.
heart failure, asthenia, etc. It meningury or complication which c	ns the disease.	74	111	
ANTECEDENT CAUS				
DISEASES OR CONDITIONS, IF	F ANY, GIVING	•••••••••••••••••••••••••••••••••••••••		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
<u>0</u>	(C)		000. ;	***************************************
		Y The second of		
OTHER SIGNIFICANT COND! TRIBUTING TO THE DEATH, BUT				/
O TO THE DISEASE OR CONDITION				/
	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY7
S ACCIDENT WAS INDEED	L at- By AGE OF INVENTY (· Los wiles on a	4 t D tit G''	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		f in Baltimore City, give	e exact location)
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJURY	OCCUR?	
INJURY	mi. WHILE AT NOT WHILE			
22 7 househousestift 17 17 11			4-4- 1053	
deceased alive on 4 - 4		9: G. T. R.	4-4-, 1953,	that I last saw the
SIGNATURE	1933, and that death occu	23B. ADDRESS HOWKING	he causes and on the	aate statea above
Museum - transle	hin Williams	TOO NEWS TOOMS	HOSPITAL	4-4-57
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMET	ERY DR CREMATORY 24D. LO	OCATION (City, town, or	
TION, REMOVAL (Specify) 4/7/5	-3 Was 11	de	11 0	./
DATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	adlacen M	DDRESS
LOCAL REGISTRAR	- ton Williams M	00011	St 1	1001
75 1 D 1990 1 1 mm	William & Barriera !	Day & Changeullo	26 3610-17 16 A	Loland Rive

BALTIMORE CITY HEALTH DEPARTMENT 3366 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) AMOYAS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, I institution : residence A. Baltimore City, Maryland B. COUNTY / A. STAT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location If outside corporate limits, write RURAL and give C. CITY INSTITUTION /township) (If rural, give ecation) Yrs. D. STREET **ADDRESS** Mos. c. Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH 9. AGE (in years H Under 1 Year If Under 24 Hours WIDOWED DIVOR ED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTR WHAT COUNTRY PATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, By of unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT 22. I hereby certify that I attended the deceased from Merch 23 19 3, that I last saw the m., from the causes and on the date stated above. 1953, and that death occurred at/2 deceased alive on the 23A. SIGNATURE 23c. DATE SIGNED

BURIAL CREMA-REMOVAL (Specify)

DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) JAMES WALTER FERRELL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or MO. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) SUNLEA COURT Yrs. D. STREET ADDRESS (If rural, give location) Mos. SUNLER c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In year-last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) MALE DEC. 25 1867 MARRIBO 10A. USUAL OCCUPATION (Give kind of | 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MILLRIENT (RETIAGE) NORFOCK UA. FERTILIESR U.S. 13. FATHER'S NAME WILLIAM FERRELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or polydown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or polynown) SECURITY NO SAME CAUSE OF DEATH INTERVAL BETWEEN 422.1 DISEASE OR CONDITION DIRECTLY Ardial NELOMPENIATION & PSIMMA Ederia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteria-Scherotic C.V. Divense ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 4 , 192, that I last saw the and that death occurred at 1/10 km. from the causes and on the date stated above. deceased aline on 23B. ADDRESS. 23A. SIGNATURE 23c. DATE SIGNED 4-4-53

24c. NAME OF CEMETERY

REGISTRAR'S SIGNATURE

GLENHAUEN HEMORIALPL

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

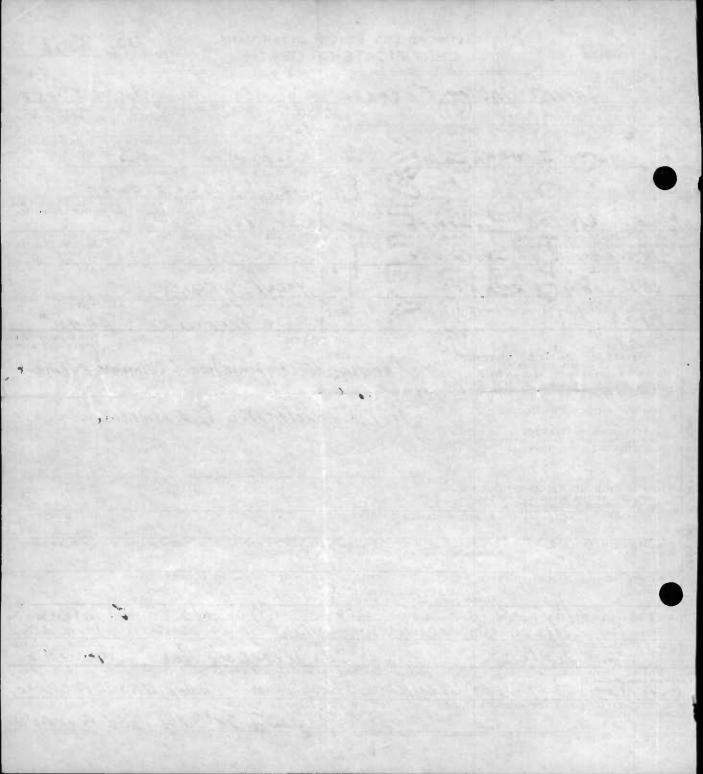
RANE ARUNDELCO, MO.

ADDRESS

VS 150

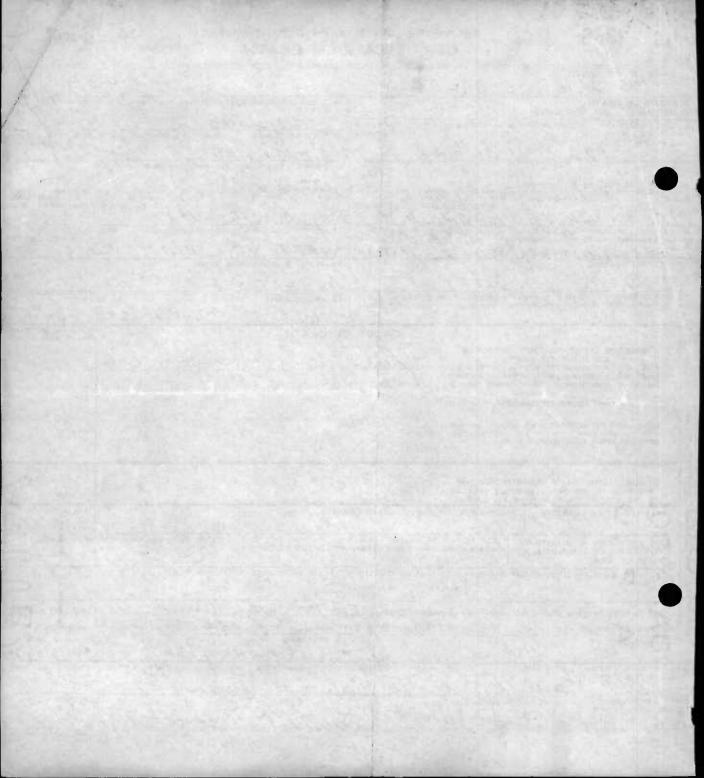
DATE RECEIVED BY

LOCAL REGISTRAR



dava	0	
53	33	368

	ठेउ व	900	Brite	CERTIFICAT	F OF DEATH	Registered	No COOO
В	RTH NO.			CERTIFICAT	E OF DEATH	Tregioteteu.	
	NAME OF E	PETER	SCHV	LTZ		2. DATE OF DEATH	4-53
	PLACE OF E				4. USUAL RESIDENCE A. STATE		f institution : residence before admission
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	MARYLAM		100
	STITUTION		. 412		C. CITY OR TOWN	(If outside curporate limi	ts, write RURAL and give
		1222 W	36-		BALTIMOR		-00
				Yrs. Mos.	D. STREET ADDRESS ((If rural, give location)	
C.	gth of s	stay in Baltimore		Days	1222 W 3	6 - ST.	
5.	SEX	6. COLOR OR RACE		E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday) M	if Under I Year If Under 24 Hours onths: Days Hours Min.
1	TALE	WHITE	MAR	RIED	MAY 10, 1910	42	
		CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
2	TIPED	of working life, even if retired) STATION ARY		ROYAL INDUSTRY	WEST VIR	GINIA.	WHAT COUNTRY
13	FATHER'S	NAME	1110/11/61		14. MOTHER'S MAIDEN		1 00,0.
	FAUL	ARD SCH	11.177	· 1	Aura STAC	2	
15		ED EVER IN U. S. ARMEI		16. SOCIAL	ANNASTASI		
(Ye	s, no or unknown)	(If you, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_					MARGARET .	SCHULIK-12	
	18. 420	0.0		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA		C +			
	(This does	s not mean the mode of	of dying, e. g		ionelevatic Hear	I Desence	
		ure, asthenia, etc. It mea complication which o					
		ANTECEDENT CAUS	EFC				
7		ANTECEDENT CAUS	ES	(8)			
ō		S OR CONDITIONS, I		IG .			
ATION		YING CONDITION LA					
FIC				(C)			*********
RTIF		11					
ER		SIGNIFICANT CONDI					
Ü		DISEASE OR CONDITION					
L	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V U			1 01- 51		Loss Willens Din	(Te to Date)	YES NO L
MEDICA		PENT WAS UNDER R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 / 1			Le	el. 15 , 1953, to	makil st 10.6	3, that I last saw th
	22. I heret	by certify that I att	ended the	deceased from	red at 10 05 m., from	190	2, that I last saw th
	23A. SIGNA		_, 195_2.		Ted at 10-7 m., from	t the causes and on t	23c. DATE SIGNED
	234. 313.4	Rypmi Da	her		1104 F. Calder	ing Lane	april 4, 1953
2	AA. BURIAL	CREMA- 248. DATE	(M. D. 24c. NAME of CEMETE	RY OR CREMATORY 1/240	. LOCATION (City, town	
TU	AA. BURIAL	Specify)	7/1-5	Pota M	4. 17	1.101	and
5	ATE RECEIVE	D BY I DECISTRABLE	E SIGNATI	Macio, 14	CHOKAL DIPECTO	aug 119	ADDRESS
	CAL REGIST		SIGNATI	Alliama- My	A' C)	01/0 1
1	LK 9-	1953 1 Tuntas	Mon	Mariani.	ustru 6. NO	noval-38/	o Notaria
	VS 150		0	-	•	Act Title Title	are
		- 100		5838	8		



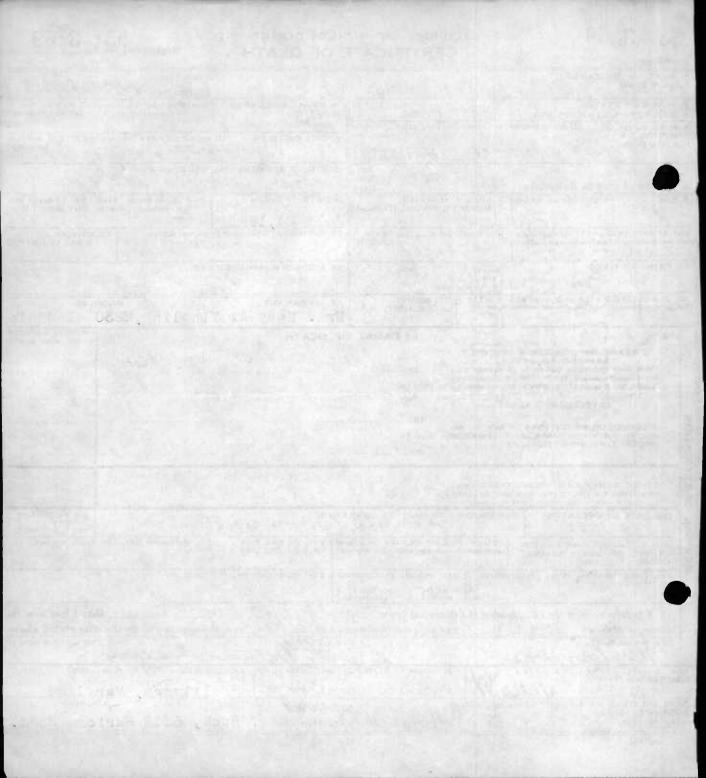
53 3369 4

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3369

PIPTH NO			CERTIFICA	TE	OF DEAT	ГН	Register	ed No_	
1. NAME OF DECE (Type or Print)		DWAK	O YING	INC	4		2. DATE OF DEATH	APRIL	5,1953
3. PLACE OF DEAT	H: , Maryland	BALT	MORE	4		DENCE (W	here deceased live B. COUNT		tution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION			on, give street addres locati GEN. HOSP.	on) c	CITY OR TOW	LTIMA	URE. MI	27	ite RURAL and give
c. Oth of stay	in Baltimore	ON LA	54 M	os.	2830	GLEN	rural, give locatio	UE A	
5. SEX 6.	COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Spe	cify)	uly 24.	3000	9. AGE (In year last birthday	rs it Under) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) Koester Bakery BAKERY			11	. BIRTHPLACE	(State or fo		12.	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME LOUIS Yingling				14	MOTHER'S M	MAIDEN NA	ME Su	7.0000	Cath.
15. WAS DECEASED E	VER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO		rs. Mary	7 A. Y	ingling.	ADDR 2830	ESS Glendale
(This does no heart failure, a injury or con AN Z O DISEASES OF RISE TO THE	ADING TO DEAT t mean the mode o asthenia, etc. It mea application which o TECEDENT CAUS R CONDITIONS, II ABOVE CAUSE (A) G CONDITION LA	of dying, e.g ns the discass caused death. SES F ANY, GIVIN STATING TH	(B)				STOMAS		
OTHER SIGN	III IIFICANT CONDITION THE DEATH, BUT ASE OR CONDITION DEPENATION 1 1	NOT RELATE	D г	PERAT	ION				20. AUTOPSY?
¥ 4-3	T WAS UNDER-	218. PLA	FINDINGS OF O	g., in or	21c. WHERE	DID (I	f in Baltimore C	City, give	YES NO
CAUSE OF DE	ONTRIBUTING ATH (Day) (Year)	(Hour)	arm, factory, at root, office b	JRRED	21F. HOW D	INJURY			
22. I hereby c	ertify that I att	tended the	deceased from						at I last saw the ate stated above.
23A, SIGNATUR			M. D.	23B	ADDRESS Par	etimo	re Beal	Was 0	3c. DATE SIGNED
24A. BURIAL, CRE TION, REMOVAL (Spec Burial	4/8/5	3	Parkwood	Cem	eteny A	O Ro	1+1 more		
DATE RECEIVED E		SSIGNATU		132	onog R	MECHOR		AD	ord Road.

50044



53 3370

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3370 Registered No.

BIRTH NO.								
1. NAME OF D (Type or Print)	Mi	riam M.	В.	Har	p 2	OF Apri	1 2, 19	953
B. FULL NAME	City, Maryland	al or institution, s			4. USUAL RESIDENCE (When	B. COUNTY	institution : r Vbcfore	csidence admission)
HOSPITAL OR INSTITUTION	Mercy Ho	spital	100	cation)	c. CITY OR TOWN (If out Baltimor	side corporate limit	7-0	AL and give
c. Length of s	tay in Baltimore			Yrs. Mos. Days	D. STREET ADDRESS (If rure 3004 Oakcrest			
s.sex	6.COLOR OR RACE	7. SINGLE, M. WIDOWED, Marr	DIVORCED (f Under 24 Hours Iours Min.
at hon			BUSINESS	ICTOV	11. BIRTHPLACE (State or foreign Baltimore, Mary l	land	12. CITIZEI WHAT	N OF COUNTRY
	H. Edwards				Helena H. Fangm			
Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give wer or date	FORCES? 16 s of service)	. SOCIAL SECURITY	NO.	17. INFORMANT Mr. Wm. S. Harp.		odress korest	Ay .
DISEASES RISE TO T UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE CONDITION LA	F ANY, GIVING STATING THE ST.	(B)	En	ntiel Hyput	• • •	200	9 4
TRIBUTING	TO THE DEATH, BUT	NOT RELATED	NDINGS OF	OPER	ATION		20. AU	TOPSY?
21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING	218 PLACE about home, farm, f				n Baltimore City, g	YES L	no V
ID. TIME (Month) (Day) (Year)	(Hour) 215. m. WHILE	INJURY OC	CURRI		CCUR?		
	ive on 1 A			occur 2	n 14pril, 1953, to 13 his red at 12:39m, from the 38. ADDRESS 7425 Har Fo	rd R	23c. DATE	
TION, REMOVAL (S Burial	pecify) Apr.6	· N -			metery Balth	nore, Mar		(State)
DATE RECEIVED	D BY REGISTRAR	S SIGNATURE	er ·	d	26 FUNERAL DIRECTORISE	5305 На	ADDRESS	Road.

the state of the s the late wite two marks who are the letter to be made in the sale in

RIE	53 337 ETH NO.	1		TIMORE CITY HE	EALTH DEPARTMENT	Registered	3. 33	71.
1. 1	NAME OF DECI pe or Print)		UISE M	. THIEL		2. DATE OF DEATH APP	il 4, 1	.953
B. F	PLACE OF DEAT Baltimore City FULL NAME OF SPITAL OR STITUTION	H: , Maryland (If not in hospit	al or institut Nursi	ion, give street address or ng Homelocation)		Where deceased lived. B. COUNTY of outside corporate lin	If institution: before	residence re admission)
	Length of stay			Yrs. Mos. Days	o. STREET ADDRESS (If 3100 Summit	Avenue	530	0
f	emale	white	widow wi	e, MARRIED, yed, DIVORCED (Specify) .dowed	8. DATE OF BIRTH	9. AGE (In years last birthday)		II Under 24 Hours Hours Min.
rork	at home	rkiog life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZE	COUNTRY
N	FATHER'S NAM	Menke			14. MOTHER'S MAIDEN N	IAME		-185
15. (Yes,	mo or nnknown)	VER IN U.S. ARME (If yes, give war or date	D FORCES? os of service)	16. SOCIAL SECURITY NO.	Mr. Charles E	. Thiel,35		Rd.
ICATION	(This does no heart failure, injury or con AN DISEASES ORISE TO THE	OR CONDITION ADING TO DEA ADING TO DEA ABOUTH TO THE ABOUT	TH of dying, e. g ans the discas caused death SES F ANY, GIVIN STATING TH	e,) DUE TO	isondie C.	U. R. Aco	. 040	
CERTIF	TRIBUTING TO	II NIFICANT COND THE GEATH, BUT ASE OR CONDITION	NOT RELATE	10 CD 6.1	Dut - waler on	topola_		
DICAL	19a. DATE OF	0		FINDINGS OF OPER		(If in Baltimore Cit,	YES [NO K
MEDI	LYING OR C		about bome,	ACE OF INJURY (e. g., iffarm, factory, street, office bldg.,	etc.) INJURY OCCUR?		,, give exact i	
	FINJURY	nth) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK				
	deceased alive	on con ?	tended the		rred at 1.554. m., from	the causes and on		ated above
21	A. BURNAL, CRE	sais Di	m.	M. D.	238. ADDRESS 4 V B Hound ERY OR CREMATORY 240. 1	LOCATION (City, to	4/4/.	TE SIGNED (State)
TIO	N. REMOVAL (Special Land)	4/7/5	53	Parkwood Ce		altimore,		nd
		- I WASISINAN			VIVA A A VIVA A IA			

ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS Road.

DATE RECEIVED BY

r. Haase 218 Harford Terrace 1. 0392

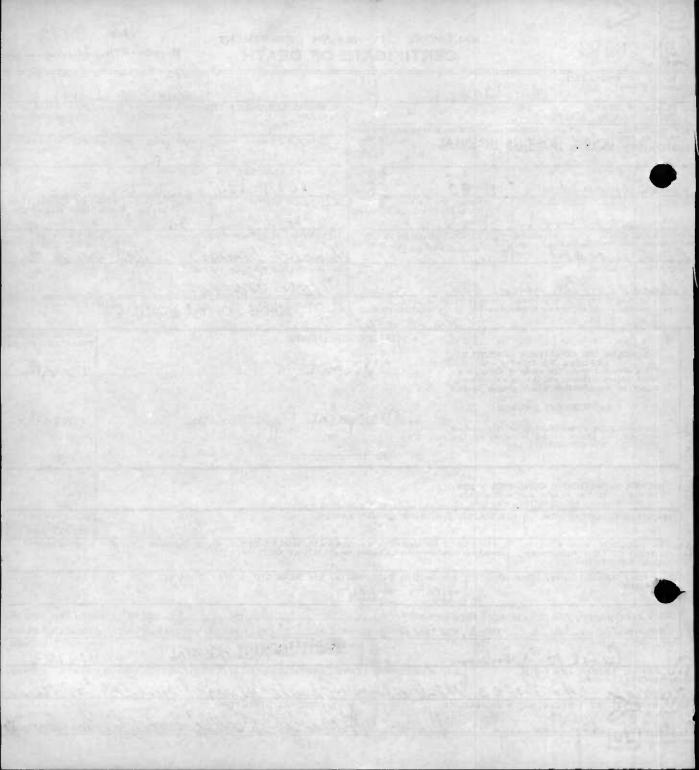
	2				*		
В	53 3372 ·		TIMORE CITY HE	E OF DEATH	Register	33'	72
	NAME OF DECEASED Jam.	es Jo	ohnson		2. DATE OF DEATH	April 2	2 1953
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit	al or institut	ion, give street address or	4. USUAL RESIDENCE (W	here deceased lived.	6 harbers	readmission)
14	OSPITAL OR Maryland St	-	location	c. CITY/OR TOWN (If	outside corporate lin	nits, wiite RU	RAL and give township)
	Length of stay in Baltimore	15 уев	Ars. Mos. Days	D. STREET ADDRESS (If	rural, give location)	5800	
5.	Male 6. COLOR OR RACE	7. SINGLE	E, MARRIED.	Aug 15 1907	9. AGE (In years last Brithday)	Months Days	Hours Min.
vor!	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)		EN OF COUNTRY?
	Garm Worker			Mawland 14. MOTHER'S MAIDEN NA	AME	T S	3
15	S. WAS DECEASED EVER IN U. S. ARMEI s. no or unknown) (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO. NON6	Margaret 17. INFORMANT Patient (d		ADDRESS	
ATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which ANTECEDENT CAUSE DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	TH of dying, e., ans the diseas caused death SES F ANY, GIVIT STATING TI	е, .) рие то Нур	ebrovascular A ertension tastatic care			0 hours
ERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	NOT RELAT	(C)	cinoma of the			
AL C	19A. DATE OF OPERATION	9B. MAJOR		ATIONWITH second		1ts 20. A	NO NO
IEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e		f in Baltimore City	y, give exact	location)
Σ	21D. TIME (Month) (Day) (Year, INJURY	m.	21E. INJURY OCCURRI				
	22. I hereby certify that I at deceased alive on ADT11 23x. SINATURE	19 53	And that death occur	y 11 1949, to A red at 4.40pm., from to 38. ADDRESS arvland Penite	he causes and on	the date st	ast saw the ated above TE SIGNED 1 2 53
	4A. BURIAL, CREMA- ON, BENOVAL (Specify) 4-6-	53/	Savaed t	Heart Se	ocation (City, to	wn, or county)	L (State)
DL	ATE RECEIVED BY REGISTRAR	'S SIGNATU	~ Vidliama-	25. FUNERAL DIRECTOR	14/3/8-1	ight a	At

property of the state of the st HIMSON OF BUILDING THE RESERVE OF THE PARTY OF THE C F. CALL THE RESIDENCE OF THE PROPERTY OF THE PARTY O The state of the s

-620

53 2372

	53	3373	CE		E OF DEATH	Registered No_	4000
	NAME OF	DECEASED				1.0.00	
(1	Type or Prin	- surrell	Brook	20		2. DATE OF DEATH April	31/953
	Baltimor	e City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If insti B. COUNTY	tution; residence before admission)
В.	FULL NAI	ME OF (If not in hospi	tal or institution, gi	ive street address or			
E I	ISTITUTIO	OR JOHNS HOPKIN	IS HOSPITAL	location)	C. CITY OR TOWN (I	outsid coporate limits	ite RURAL and give township)
	0			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
_	Length o	f stay in Baltimore	30 17. SINGLE, MA	Days	1019 Cu	9. AGE (In years) Il Under	Year If Under 24 Hours
7	nule	Culored		OIVORCED (Specify)		last birthday) Months	
1 C	A. USUAL k done during n	OCCUPATION (Give kind on cost of working life, even if retired	I 10B. KIND OF	BUSINESS OR NDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
å	Mel.	worker	Steel	0.	nuce (dwar	d Va.	U. S. a.
(FATHER	O BA	61	(mile)	14. MOTHER'S MAIDEN N	AME	-04-15-5
15	WAS DECI	EASED EVER IN U. S. ARME	D FORCES? 16.	SOCIAL	17 INFORM COL		F06
(Ye	s, no or unkno	(If yes, give war or dat	es of service)	SECURITY NO.	17. INFORMOTINS HOP	KINS HOSPITAL DOR	(155
	18. 4	45%	a Fill of	CAUSE	OF DEATH		INTERVAL BETWEEN
		EASE OR CONDITION LEADING TO DEA	TH	11.~	2100 10		
	heart f	does not mean the mode ailure, asthenia, etc. It me or complication which	ans the disease.	DUE TO	emia	***************************************	month
ANTECEDENT CAUSES							
				W-20	LD		
Z	DISEA	SES OR CONDITIONS,	IF ANY, GIVING	(B) Malig	ment hypertens	``````````````````````````````````````	4 months_
ATION	RISE T	SES OR CONDITIONS, I O THE ABOVE CAUSE (A) RLYING CONDITION L	IF ANY, GIVING	DUE TO	n	~\dis	Ymenths_
CATION	RISE T	O THE ABOVE CAUSE (A)	IF ANY, GIVING		n	1000	4months_
STIFICATION	RISE T UNDE	O THE ABOVE CAUSE (A) RLYING CONDITION L.	IF ANY, GIVING STATING THE AST.	DUE TO	n	1610	4 months_
ERTIFICAT	OTHE	O THE ABOVE CAUSE (A) RLYING CONDITION L. II R SIGNIFICANT COND TING TO THE DEATH, BUT	IF ANY, GIVING STATING THE AST. OTTIONS CON- NOT RELATED	DUE TO	n	161	Ymenths_
CERTIFICAT	OTHER TRIBUT	O THE ABOVE CAUSE (A) RLYING CONDITION L. II R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION	IF ANY, GIVING STATING THE AST. OTTIONS CON- NOT RELATED N CAUSING IT.	DUE TO	V.	161	Ymonths_
CERTIFICAT	OTHER TRIBUT TO THE	O THE ABOVE CAUSE (A) RLYING CONDITION L. II R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION	IF ANY, GIVING STATING THE AST. ITTIONS CON- NOT RELATED N CAUSING IT. 198, MAJOR FINI	DINGS OF OPER	RATION		YES NO
ERTIFICAT	OTHER TRIBUTTO THE UTTO THE UT	O THE ABOVE CAUSE (A) RLYING CONDITION L. II R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION	IF ANY, GIVING I STATING THE AST. ITTIONS CON- NOT RELATED N CAUSING IT. I 9B, MAJOR FINI	DUE TO (C)	RATION nor 21c. WHERE DID (If in Baltimore City, give	YES NO
CERTIFICAT	OTHE	O THE ABOVE CAUSE (A) RLYING CONDITION L. II R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER- OR CONTRIBUTING OF DEATH E (Month) (Day) (Year	IF ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINI 21B. PLACE C about bome, farm, fac	DINGS OF OPER	RATION nor 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, give	YES NO
CERTIFICAT	OTHER TRIBUTED TO THE TRIBUTED	O THE ABOVE CAUSE (A) RLYING CONDITION L. II R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER- OR CONTRIBUTING OF DEATH E (Month) (Day) (Year	IF ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINI 21B. PLACE C about bome, farm, fac	DINGS OF OPER OF INJURY (e. g., in ctory, street, office bidg., ctory, street, office bidg.	RATION DOT 21C. WHERE DID (DOL) INJURY OCCUR? ED 21F. HOW DID INJUR	If in Baltimore City, give	YES NO
CERTIFICAT	OTHER TRIBUTTO THE 19A. DAT	O THE ABOVE CAUSE (A) RLYING CONDITION L. II R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER- IOR CONTRIBUTING DF DEATH E (Month) (Day) (Year RY reby certify that I at	OTTIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINI 21B. PLACE C about bome, farm, far (Hour) 21E. I WHILE M. WERK tended the dece	DINGS OF OPER OF INJURY (e. g., in ctory, street, office bidg., ctory, street, office bidge, ctory, st	PATION D or 21c. WHERE DID (10c. 10c. 10c. 10c. 10c. 10c. 10c. 10c.	If in Baltimore City, give Y OCCUR?	exact location)
CERTIFICAT	OTHER TRIBUTTO THE STATE OF THE	THE ABOVE CAUSE (A) RLYING CONDITION L. R SIGNIFICANT CONDITION TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER- OR CONTRIBUTING DOF DEATH E (Month) (Day) (Year RY Treby certify that I at I alive on 4-3	OTTIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINI 21B. PLACE C about bome, farm, far (Hour) 21E. I WHILE M. WERK tended the dece	DINGS OF OPER OF INJURY (e. g., in ctory, street, office bidg., ctory, street, office bidge, ctory, st	RATION 10 or 21c. WHERE DID (10 injury occur? 21f. HOW DID INjur 21f. HOW DID injur 3 injury occur? 21f. How DID injur 3 injury occur?	If in Baltimore City, give Y OCCUR? 4-3, 1953, the causes and on the d	exact location) exact I last saw the late stated above.
CERTIFICAT	OTHER TRIBUTTO THE 19A. DAT	THE ABOVE CAUSE (A) RLYING CONDITION L. R SIGNIFICANT CONDITION TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER- OR CONTRIBUTING DOF DEATH E (Month) (Day) (Year RY Treby certify that I at I alive on 4-3	of ANY, GIVING STATING THE AST. OTTIONS CONNOT RELATED N CAUSING IT. 19B. MAJOR FINI 21B. PLACE Cabout bome, farm, fa	DINGS OF OPER DEFINJURY (e.g., in ctory, atroot, office bidg., at NOT WHILE AT WORK ased from	RATION 10 or 21c. WHERE DID (10 injury occur? 21f. HOW DID INjur 21f. HOW DID injur 3 injury occur? 21f. How DID injur 3 injury occur?	If in Baltimore City, give Y OCCUR? 4-3, 1953, the causes and on the d	exact location)
WEDICAL CERTIFICAT	OTHER TO THE TRIBUTTO THE 19A. DAT	RELYING CONDITION L. RIGHIFICANT CONDITION L. RIGHIFICANT CONDITION TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER- OR CONTRIBUTING DEATH E (Month) (Day) (Year RY TEBY CERTIFY that I at I alive on 4-3 NATURE CREMAL 248 DATE	IF ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED N CAUSING IT. 19B. MAJOR FINITED NAME OF THE AST. 21B. PLACE Cabout bome, farm, fair with the connot be with the connot be seen as a connot be seen a	DINGS OF OPER DE INJURY (e.g., in ctory, street, office bidg., ctory, street, office bidg., at work at work ased from	RATION Dos 21c. WHERE DID (OLD 1 INJURY OCCUR? ED 21f. HOW DID INJUR 21f. HOW DID INJUR 1953, to 1964 at 1055 fm., from to	If in Baltimore City, give Y OCCUR? 4-3, 1953, the causes and on the d	exact location) act I last saw the late stated above. 3c. DATE SIGNED
WEDICAL CERTIFICAT	OTHER TRIBUTTO THE STATE OF THE	RELYING CONDITION L. RIGHIFICANT CONDITION L. RIGHIFICANT CONDITION TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER- OR CONTRIBUTING DEATH E (Month) (Day) (Year RY TEBY CERTIFY that I at I alive on 4-3 NATURE CREMAL 248 DATE	IF ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED N CAUSING IT. 19B. MAJOR FINITED NAME OF THE AST. 21B. PLACE Cabout bome, farm, fair with the connot be with the connot be seen as a seen a	DINGS OF OPER DE INJURY (e.g., in ctory, street, office bidg., ctory, street, office bidg., at work at work ased from	RATION Dot 21c. WHERE DID (1) 11JURY OCCUR? ED 21f. HOW DID INJUR Tred at 655 m., from the continuous properties of the continuou	If in Baltimore City, give Y OCCUR? 4-3, 1953, the causes and on the d DSPITAL	exact location) act I last saw the late stated above. 3c. DATE SIGNED
D IN MEDICAL CERTIFICAT	OTHER TO THE TRIBUTTO THE 19A. DAT	RELYING CONDITION L. RESIGNIFICANT CONDITION TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION CIDENT WAS UNDER OR CONTRIBUTING OF DEATH E (Month) (Day) (Year RY Treby certify that I at alive on 4-3 NATURE L. CREMA- 24B. DATE L. (Specify) NED BY REGISTRAR	IF ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED N CAUSING IT. 19B. MAJOR FINITED NAME OF THE AST. 21B. PLACE Cabout bome, farm, fair with the connot be with the connot be seen as a seen a	DINGS OF OPER DE INJURY (e.g., in ctory, street, office bidg., ctory, street, office bidg., at work at work ased from	RATION Dos 21c. WHERE DID (OLD 1 INJURY OCCUR? ED 21f. HOW DID INJUR 21f. HOW DID INJUR 1953, to 1964 at 1055 fm., from to	If in Baltimore City, give Y OCCUR? 4 - 3 , 1953, the causes and on the d OSPITAL OCATION (City, town, or call the second of	exact location) act I last saw the late stated above. 3c. DATE SIGNED
D IN MEDICAL CERTIFICAT	OTHER TRIBUTTO THE	RIVING CONDITION L. RISIGNIFICANT CONDITION L. RISIGNIFICANT CONDITION TO THE DEATH, BUT E DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO THE CONTRIBUTING TO THE CONTRIBUTION TO T	IT ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED N CAUSING IT. I 19B, MAJOR FINITED NOT RELATED N CAUSING IT. I 19B, MAJOR FINITED NOT RELATED N CAUSING IT. I 19B, MAJOR FINITED NOT RELATED N CAUSING IT. I 19B, MAJOR FINITED NOT RELATED	DINGS OF OPER OF INJURY (e. g., inctory, street, office bidg., colory, street, office bidg., co	RATION Dot 21c. WHERE DID (1) 11JURY OCCUR? ED 21f. HOW DID INJUR Tred at 655 m., from the continuous properties of the continuou	If in Baltimore City, give Y OCCUR? 4 - 3 , 1953, the causes and on the d OSPITAL OCATION (City, town, or call the second of	exact location) exact last saw the late stated above. 3c. DATE SIGNED 4.4.5.3 ounty) (State)

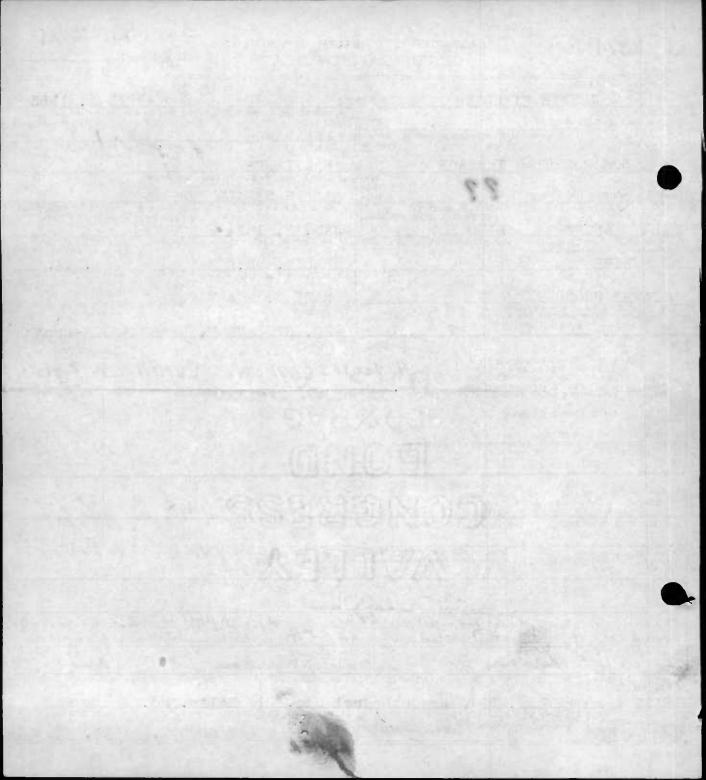


BALTIMORE CITY HEALTH DEPARTMENT

53 3374

A. MORAN 3000 E. BALTO. ST. 24

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH APRIL 4. 1953 JENNIE FIELDING 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MARYLAND HOSPITAL OR location) (If outside corporate limits C. CITY OR TOWN wate RURAL and give INSTITUTION township) 506 ROSEHILL TERRACE BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 506 ROSEHTLI. TERRACE Days 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED. If Under 1 Year 11 Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) FEMALE WEDLINS 1874 WIDOWED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIE BALTO. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES BOSSON MARY C. BRADY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MRS. RICHARD BRADY 434 Kenneth CAUSE OF DEATH ONSET AND DEATH MATERIOSCICANTIC CONDIT-DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Mdy 1951, to HPT1 . 1942 that I last saw the deceased alive on April 2, 1972, and that death occurred at The m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS grunne. Man 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE 53 Balto. Md. APRTL . New Cathedral Com. RIBTAL REGISTRAR'S SIGNATURE DATE RECEIVED BY 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



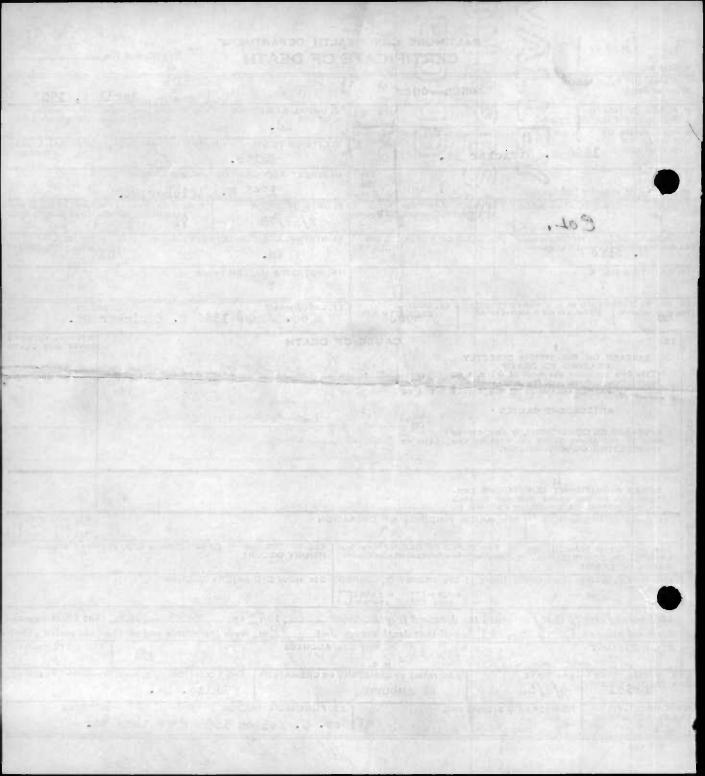
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3375

	IRTH NO.		C	CERTIFICATI	E OF DEATH	Registe	ered No	
1. (T	NAME OF Daype or Print)	ECEASED	Susa	n Jones		2. DATE OF DEATH	April 2	. 1953
	PLACE OF D Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE		ived. If instituti	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		n, give street address or location)	c. CITY OR TOWN	(If outside cor ore	te limite de ite	RURAL and give township)
		tay in Baltimore		Yrs. Mos. Days	d. STREET ADDRESS	I. Stricker	St.	
5.	F	EOL,	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Specify)	2/29/78	9. AGE (In ye last birthda	ay) Months Da	ar il Under 24 Hours ays Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		TIZEN OF HAT COUNTRY
13	B. FATHER'S N	?			14. MOTHER'S MAIDEN	NAME		No.
1.5 (Ye	, no or nuknown)	D EVER IN U.S. ARMEI (If yes, giva war or date	FORCES?	SECURITY NO.	17. INFORMANT Geo. Jones	1366 N. St	ADDRESS ricker St	š.
RTIFICATION	(This does heart failure injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS G OR CONDITIONS, II HE ABOVE CAUSE (A) TING CONDITION LA	I'H of dying, e. g., ns the disease, caused death.) SES F ANY, GIVING STATING THE	Aut He	for-Viscol Jartenson	- and-	-Remi	SET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE CEATH, BUT SEASE OR CONDITION	NOT RELATED	hu				
J.	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20	O. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (a. g., i m, factory, street, office bldg.,		(If in Baltimore		
_	21D. TIME (Month) (Day) (Year)	WH	IE. INJURY OCCURR ILE AT NOT WHILE WORK AT WORK	7	URY OCCUR?		
	22. I hereby deceased al 23A. SIGNAT	ive on Graf Z	tended the d	eceased from mand that death occur	red at 9 m., from 3B. ADDRESS	m the causes and	d on the date	I last saw the stated above. DATE SIGNED
	AA. BURIAL, CON, REMOVAL (S. BULLA		(24		RY OR CREMATORY 24	Balto. Md.	y, town, or coun	ty) / (State)
	ATE RECEIVE		S SIGNATUR	E.	25. FUNERAL DIRECTO	OR D	ADDR	ESS

VS 150

Sev. S. Kelson



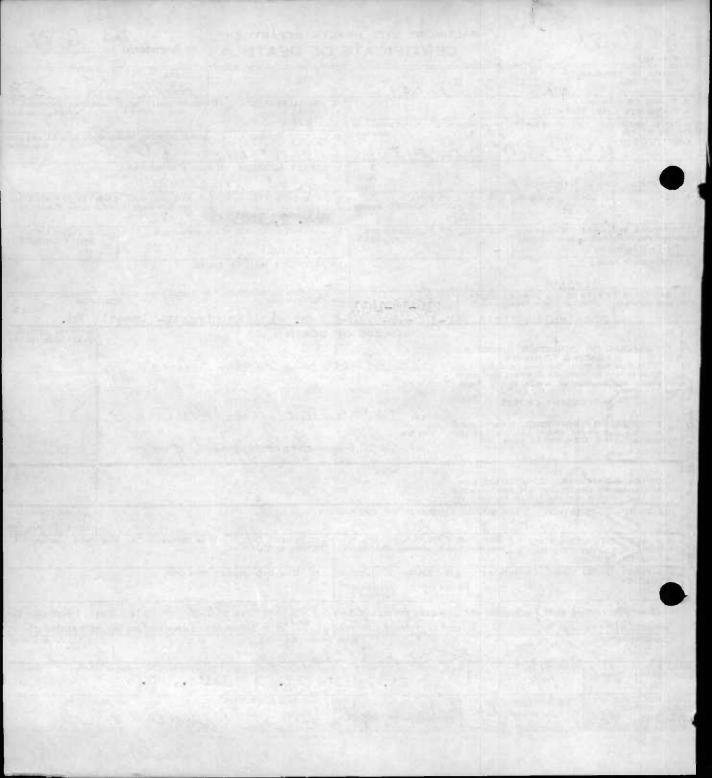
33 3376
BIRTH NO.
1. NAME OF DECEASE (Type or Print)

53	3376
egistered No	2.0.0

NAME OF DECASED WALTER B. STOCKSDALE 3. PACE OF DEATH:	BII	53 30 RTH NO.	376		BAI		EALTH DEPARTMENT E OF DEATH	NT Register	red No.—	3376
3. PLACE OF DEATH A Billimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) S. FULL NAME OF (If not in hospital or institution, give street address or location) 3.105 Baker St. C. Length of stay in Boltimore S. FULL NAME OF (If not in hospital or institution, give street address or location) 3.105 Baker St. Victory Man. 3.105 Baker St. C. Length of stay in Boltimore S. FULL NAME OF COLOR ON RACE C. Length of Stay in Boltimore S. FULL NAME OF COLOR ON RACE C. Length of Stay in Boltimore C. Length of Stay in Boltimore S. FULL NAME OF COLOR ON RACE C. Length of Sta	1.	NAME OF D	ECEASE					2. DATE		4
Bellimore City, Maryland Boulth Name of (If not in hospital or institution, give street address or location) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of (If outside fragrate in the companies) Boulth Name of the companies of the co		WALTER B. STOCKSDALE						DEATH		
C. Length of stay in Baltimore S. SEX D. STREET ADDRESS (if rural, give location) S. SEX D. SEX D				aryland			A. STATE			
C. Length of stay in Balimore S. SEX March of Stay in Balimore Months of Stay in Ba	HC	SPITAL OR STITUTION						(If outside crperate	limits write	
C. Length of stay in Baltimore S. SEX G. COLOR ON RACE AND COLOR DIVORCED Experimants Male White Whit	A	3	105 E	Baker St.				10		township)
Mar. 28, 1884 Mar. 28, 1884					Arg.	Mos.	3105 Baker S		on)	
TOTO THE DISEASE OR CONDITIONS, IF ANY, GIVING UNDERLYING CONDITION AST. DISEASE OR CONDITIONS, IF ANY, GIVING UNDERLYING CONDITION CAUSE (A) STATING THE UNDERLYING CONDITION CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. 19. A ACCIDENT WAS UNDER-TOT THE MOORE OF CONDITION CAUSING IT. 21. TIME (Month) (Day) (Year) (Hour) 22. A ACCIDENT WAS UNDER-TOT WHILE AT THE CAUSE OF DEATH 33. TIME (Month) (Day) (Year) (Hour) 24. BURIAL CREAK-TOTAL DETWENDERS OF CONTRIBUTING CAUSE (A) TAYING THE CAUSE OF DEATH 34. BURIAL CREAK-TOTAL CREAK-TOTAL CAUSE (A) TOTAL CAUSE OF DEATH 35. TIME (Month) (Day) (Year) (Hour) 26. AUSE OF DEATH 36. TIME (Month) (Day) (Year) (Hour) 27. TIME (Month) (Day) (Year) (Hour) 28. AUGUSTAR ACCIDENT WAS UNDER-TOTAL CAUSE (A) TO THE CAUSE OF DEATH 36. TIME (Month) (Day) (Year) (Hour) 29. AUTOPSYTY YES NOW HILLE AT TO THE CAUSE (A) THE CAUSE OF TIMULTY (C. s. to or 10 JULY) (C. s					MTDOM	LED, DIVORCED (Specify)		1 4 3 5 41 1	Months I	fear If Under 24 Hours Days Hours Min.
19. FATHER'S NAME GEORGE Stocksdale 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (XM. DO OF DEADERS) (If yes, give wer or date of service) 16. SOCIAL (XM. DO OF DEADERS) (If yes, give wer or date of service) 17. INFORMANT Mrs. Daisy C. Murphy - 3105 Baker St. 18. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, athenia, etc. literants disease, lighter or compiliration which caused death.) 19. ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, athenia, etc. literants disease, lighter or compiliration which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING INDICATED TO THE RESIDENT OF THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. 19. DATE OF OPERATION O 198. MAJOR FINDINGS OF OPERATION 21. ACCIDENT WAS UNDER. 21. DATE OF OPERATION O 198. MAJOR FINDINGS OF OPERATION 22. AUTOPSYT VES NO CONDITIONS COND	10/ work	done during most	CUPATI of working! Reade	ON (Give kind of life, even if retired)				or foreign country)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. DO OF MANDON) (If see, give war or delete of service) 16. SOCIAL 17. INFORMANT Mrs. Daisy C. Murphy = 3105 Baker St. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASES OR CONDITIONS, IF ANY CIVING RIBE TO THE ADDRESS OF CONDITIONS OF ANY CIVING RIBE TO THE ADDRESS OF CONDITIONS OF ANY CIVING RIBE TO THE ADDRESS OF CONDITIONS OF ANY CIVING RIBE TO THE ADDRESS OF CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. 22A. ADDRESS 22A.	_							N NAME		
CAUSE OF DEATH 18.		George	Sto	ksdale			Addie Cromwe	11		
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failed myther designed which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES OTHER SIGNIFICANT CONDITIONS, IF ANY, GIVING RISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITION STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION CAUSING IT. 19A. DATE OF OPERATION O 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., is or 10 THE JOSEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING about home, farm, factory, street, effice bldg., etc.) 1NJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING about home, farm, factory, street, effice bldg., etc.) 1NJURY OCCUR? 21B. PLACE OF INJURY (e.g., is or 11 INJURY OCCUR? 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR? 22I. Horeby certify that I attended the deceased from ATWORK 22I. Hereby certify that I attended the deceased from ATWORK 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA- 24S. DATE 24C. NAME OF CEMETERY OR CREMATORY 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA- 24S. DATE 10ATE RECIPICED BY REGISTRAR'S SIGNATURE 25C. ADARES 25C. DATE/SIGNED 26C. REGISTRAR ATWORK ATWORK 25C. DATE/SIGNED 26C. REGISTRAR 25C. DATE/SIGNED 2	15. (Yes.	, no or unknown)	ED EVER (If yes	IN U. S. ARMEI	FORCES? s of service)		17. INFORMANT Mrs. Daisy C	. Murphy - 3	105 Bak	er St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION CAUSING IT 19A. DATE OF OPERATION 19S. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g. in or 17) THE OISEASE OR CONDITION CAUSING IT 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g. in or 17) THE (Month) (Day) (Year) (Hour) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. MCCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21B. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21B. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21B. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 21B. ACCIDENT WAS UNDER. 21B. PLACE OF IN		18. 44	3×			. CAUSE	OF DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CONTRIBUTION CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CONTRIBUTION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OR THE DUE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (a.g., in or CAUSE OF DEATH CAUSE OF DEATH OTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR? 22. I hereby certify that I attended the deceased from 21 AT WORK			SE OR	CONDITION	DIRECTLY	an-	we e -		O.	SET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES No 21. ACCIDENT WAS UNDER. CAUSE OF CONTRIBUTING about home, farm, factory, streets, office bidg., etc. 11/1/10/2 OCCUR? 21A. ACCIDENT WAS UNDER. CAUSE OF DEATH C. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 1/1/2 OCCUR? 22. I hereby certify that I attended the deceased from 21F, HOW DID INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 21F, HOW DID INJURY OCCUR? 23. SIGNATURE 23. ADDRESS 23C, DATE/SIGNED 24C, DAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, of county) (State) 30 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(This does	not me	an the mode o	f dying, e. s	8-, (A)	ruxy			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23B. ADDRESS 23C., DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 23C., DATE SIGNED 24A. BURIAL, CREMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CEMA-TON		injury or	complie	ation which e	aused death		la de ar	terrojch	enote	i
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER DOOR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23B. ADDRESS 23C., DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 23C., DATE SIGNED 24A. BURIAL, CREMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CEMA-TON, CITY, town, of county (State) 10N. REMOVAL (Specify) BUTIAL 24A. BURIAL, CREMA-TON, CEMA-TON, CEMA-TON			ANTEC	EDENT CAUS	ES	Hy News	ensure	ear		
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO YES	o	DISEASE	S OR CO	NDITIONS, I	F ANY, GIVIN	NG (B)	en Jase			***************************************
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO YES	AT	UNDERLY	YING CO	ONDITION LA	STATING TH	IE DUE TO	roevel			
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO YES	잂.	(C)								
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) NO WHILE AT NOT WHILE AT WORK A		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR COUNTRY OCCUR? 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR COUNTRY OCCUR? 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR COUNTRY OCCUR? 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY OCCUR? 21F. HOW DID INJURY OCCU										20. AUTOPSY?
CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE (Month) (Day) (Year) (Hour) DISTURY CAUSE (Month) (Day) (Year) (Hour) DISTURD CAUSE (Month) (Day) (Year) (Hour) DISTURBLE (Month) (Day) (Year) (Hour) CAUSE (Month) (Park (Month) (Pa	Ž.						O. C. C.			
22. I hereby certify that I attended the deceased from the deceased alive on the date stated above. 23A. SIGNATURE 24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK NOT WHILE AT NOT WHILE AT WORK NOT WHILE AT NOT WHILE AT WORK 197 to Copy 4, 195 that I last saw the deceased alive on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE/SIGNED 24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY LOCAL REGISTRAR ADDRESS ADDRESS WOOdlawn Md. DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25 FUNERAL PIRECTOR ADDRESS ADDRESS ADDRESS WOOdlawn ADDRESS	ш	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								aet location)
22. I hereby certify that I attended the deceased from deceased alive on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY LOCAL REGISTRAR 25 FUNERAL DIRECTOR NOT WHILE AT NOT WHILE WORK 197 to Cope 4, 199 that I last saw the deceased alive on the date stated above. 23B. ADDRESS 23C. DATE SIGNATURE 24G. LOCATION (City, town, of county) (State) Woodlawn Md. BORESS LOCAL REGISTRAR ADDRESS LOCAL REGISTRAR ADDRESS LOCAL REGISTRAR ADDRESS LOCAL REGISTRAR ADDRESS	Σ		(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID 1N.	JURY OCCUR?	1	
deceased alive on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE/SIGNED 23A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) County Cou		INJURY	_			WHILE AT NOT WHILE				
deceased alive on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE/SIGNED 23A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) County Cou	ľ	22. I hereb	y certi	fy that I att	ended the	deceased from Ja	u 194/10	apon 4.	195 3har	t I last saw the
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR LOCAL REGISTRAR L		deceased a	live on	Am 4	, 19 4	and that death occu-	rred at 3 A m., fro			
24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify) Burial Lorraine Cem. DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR REGISTRAR LOCAL REG		23A. SIGNA	TURE	Bung	Bus	ull		contral	230	DATESIGNED
Burial 4/7/53 Lorraine Cem. Woodlawn Md. Date received by Registrar's signature 25 sylveral pirection when your form.	24	A. BURIAL,	CREMA-	248-DATE			0 - 0 -		town, of cou	nty) (State)
LOCAL REGISTRAR H. t. to Williams M. I. Whener Jaya			spe c ity)	4/7/5	3	Lorraine Cer		Woodlaw	m Md.	
VS 150 390 4M Balto 17 Med	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25,6						25 SUNERAL DIRECT	Tickener		
	VS 150 390 41						the !	Ball	017	Med

TENERAL TOP

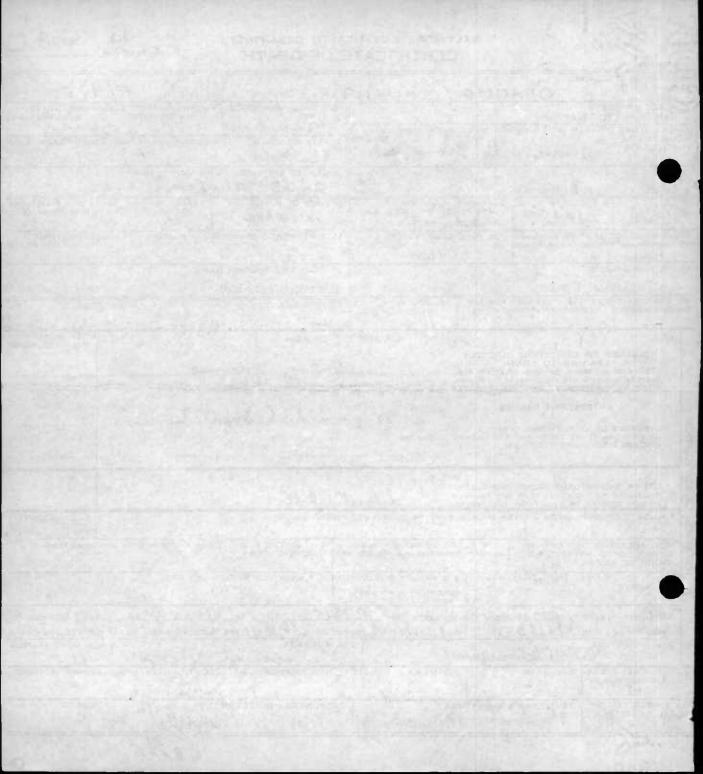
3 6 3 53 3377 BA	LTIMORE CITY HEAI CERTIFICATE		53 Registered No_	3377
1. NAME OF DECEASED (Type or Print) WILBUR G	STREET		2. DATE OF DEATH # -	7 -53
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution) WIVERSITY WIVERSITY	tion, give street address or location) Hospital Yrs.	PALTIMORE	ere deceased lived. If instit B. COUNTY	before admission)
5. SEX 6. COLOR OF RACE 7. SINGLE	Mos. Days		LLINS ST. 9. AGE (In years) If Under	Year If Under 24 Hours
M WIDO 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIN	D OF BUSINESS OR INDUSTRY	Feb. 2, 1883	last birthday) Months 70	
Bricklayer -		Maryland Maryland Mother's Maiden NAM	ΛΕ	
Streett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL 17.	7. INFORMANT	ADDRI	
18. 42000 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE	g., (A) acul se, h.) DUE TO NG (B) Conge	. 0		Mde NTERVAL BETWEEN ONSET AND DEATH 26 hrs
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR	(C) Aller	ION	6 Osen	20. AUTOPSY7
	ACE OF INJURY (e. g., in or farm, factory, street, office bldg., etc.)		in Baltimore City, give e	YES NO
CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on April 2, 1953. 23A. SIGNATURE	and that death occurred	d at 9 1953, to Up	causes and on the de	at I last saw the stated above. C. DATE SIGNED - 3 • 5 3
24A. BURIAL, CREMA-/24B. DATE TION, REMOVAL (Specify) Burial 4/7/53	24c. WAME OF CEMETERY St. Peter	1// .	to, Md.	
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR	Williams, My	M. C.	kner &	DRÉSS
VS 150	504 2	4.	Balto 17,	Md.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3378 Registered No.

BI	IRTH NO.						
	NAME OF DECEASED BES	SNICE	Bowie	ASE	2. DATE OF DEATH	4/4/53	
3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission			
	2 Univer	rity 9	tospital	C. CITY OR TOWN	e ll	nits, write RURAL and give township)	
c.	Length of stay in Baltimore		Yrs. Mos. Days		ss (If rural, give location) Manyland Cu	we.	
-	Hendle 6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	1 A 1 (A) 1 A	If Under 1 Year If Under 24 Heurs Months Days Hours Min.	
10 rorl	A. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired HOUSEW 16	1)	of Business or INDUSTRY t home	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY!	
13	. FATHER'S NAME			14. MOTHER'S MAI			
	Reginald Bowie			Blanch Crou	ch		
Ye.	s, no or unknown) (If yes, give war or dat	ED FORCES? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS /	
				Mrs. Alice	B. D rsev - 200	Coodwood Garde	
FICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	of dying, e.g ans the diseas caused death SES IF ANY, GIVIN STATING TH	(B)	lator Col	Infaction	ONSET AND DEATH	
CERTI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	Dever	timbetin			
CAL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION	In July 1	YES NO	
/EDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING DATE of LYING OR CONTRIBUTION DATE OF LYING OR CONTRI						
-	P. TIME (Month) (Day) (Year INJURY		VHILE AT NOT WHILE AT WORK	21F. HOW DID	INJURY OCCUR?		
	22. I hereby certify that I at deceased alive on 4/4/53	tended the	and that death occur	red at 8 LS Am.,	, to 4/4/53 , 19. from the causes and on	the date stated above.	
	23A. SIGNATURE SAPORIO	berger	м. р.	3B. ADDRESS	ut Those	23c. DATE SIGNED	
	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) Burial 4/6/5	3	Lorraine		Woodlawn. Md.	vn, or county) (State)	
						ADDRESS	
	VS 150	0			Peacts	17,1md	



536	
53 33 BIRTH NO. 33	379

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3379

BIRTH NO.	10		CERTIFICAT	E OF DEATH	registered .	10.
1. NAME OF DE (Type or Print)	CEASED (Li	ndsey)	NDERSON		2. DATE OF APR	. 6, 1953
3. PLACE OF DE	ATH:			4. USUAL RESIDENCE	Where deceased lived, li	institution: residence
		al or instituti	on, give street address or	MARYLAND	BALTIM	ORE CITY
HOSPITAL OR			location)	C. CITY OR TOWN (1	f outside corporate limi	ts, write KURAL and give township)
MINION	MEMORIAL	HOS		BALTIMOR		01
s Longth of st	ay in Baltimore		6 3 Yrs. Mos.	3925		OAD
	6. COLOR OR RACE		Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
M	W	WIDOW	ED, DIVORCED (Specify)	JUN 14,1889	last birthday) M	onths Days Hours Min.
10A. USUAL OCC	UPATION (Give kind of working life, even if retired)	10s. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
STOCKCL	LBRK	RAIL	ROAD	MARYLA	ND	WHAT COUNTRY
13. FATHER'S NA	E. HEN		A Service Property of the	14. MOTHER'S MAIDEN N		
EDGAR				HAGRIET	BRITTIN	GHAM
Yes, no or nnknown)	O EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
no	^			ELSIE HE	NUEKSON	SAME
18. 420			CAUSE	OF DEATH		ONSET AND DEATH
	E OR CONDITION LEADING TO DEA	TH	MYC	CARDIAL		0 1
heart failur	not mean the mode of e, asthenia, etc. It mes	ns the diseas		INFARCTI	ON	3 days
	complication which					
ANTECEDENT CAUSES (B) ARTIOSCLEROTIC UNKNOWN						
	OR CONDITIONS, I			EART DI		
UNDERLY	ING CONDITION LA	AST.			SCHOE	
	11		(C)			
	GNIFICANT COND					
TO THE DIS	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING I	т			
19A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDEN	NT. SUICIDE.	218. PLA	CE OF INJURY (e.g., i		If in Baltimore City,	
HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME (M	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
HASORY		m. V	WORK NOT WHILE			
22. I hereby	certify that I att	ended the	deceased from A	TIL 3 , 19 53 to A	DTIL 6 , 195	3 that I last saw the
deceased ali	ve on April	£ 19.53	and that death occur	red at 52 Am., from	the causes and on t	he date stated above.
23A. SIGNATI	URE	000	0.		0 104 10.0	23c. DATE SIGNED
0.00	- 6 VOOVC		4c. NAME OF CEMETE		OCATION (City, town	or county) (State)
24A. BURIAL, CI TION, REMOVAL (Sp Burial	14/9/53	37	Parkwood Cem.		lto. Co., Md	
DATE RECEIVED	BY REGISTRAR			25 FUNERAL DIRECTOR		ADDRESS
LOCAL REGISTR	1050 Hunt	inctor	Milliaus M.	V/m. Via	laner 4)	Spro
VS 150		a	20		12 at	- 00-1
			570	500	value	11. 00Va.

pension in CONTRACTOR OF STREET THE STEEL ST The second of th A STREET OF STATE OF MARKET AS A SECOND OF THE STATE OF T L. DELLAND . WILL

15	5
53	3380
100	Contraction of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3380

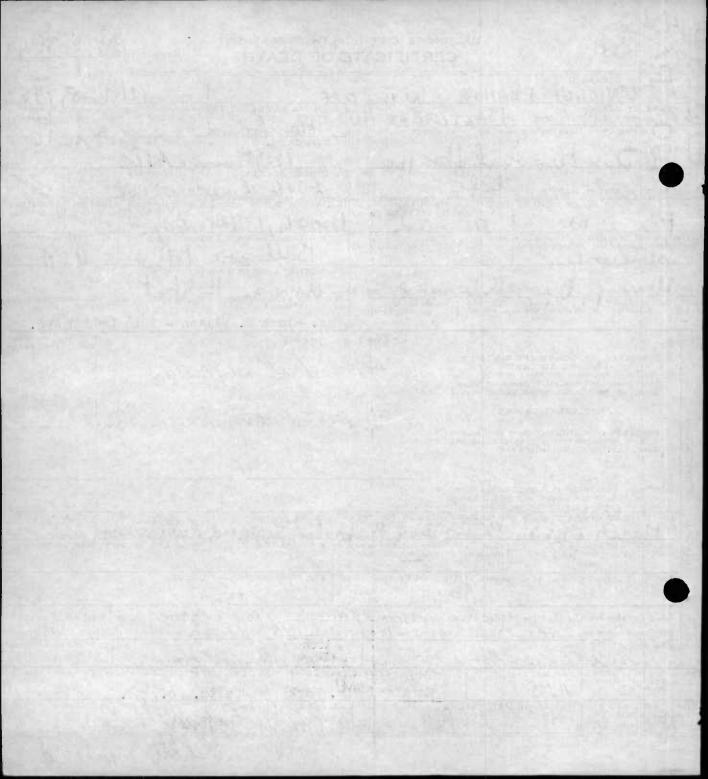
BIRTH NO.	CERTIFICAT	E OF DEATH	200500000000000000000000000000000000000	
1. NAME OF DECEASED (Type or Print)			2. DATE	
BRU	NO LIEBMANN		DEATH APPLL 4, 1955	3
a. Baltimore City, Maryland		A. STATE	ere deceased lived. If institution: residence B. COUNTY before admission	011)
B. FULL NAME OF (If not in he	espital or institution, give street address o	Md.	. 03	,
HOSPITAL OR 3418 Kent	location	c. CITY OR TOWN (If ou	tside opposate limits, write RERAL and g	
3410 Kent	ucky ave.	Baltimore	LO 5 LOWISH	ועו
	Yrs. Mos.	D. STREET ADDRESS (If rui		
c. Length of stay in Baltimor	e Days	3418 Kentucky Av		
5. SEX 6. COLOR OR RA	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		AGE (In years If Under 1 Year If Under 24 Ho lest birthday) Months Days Hours M	in.
male white	widowed	June 26, 1867	85	
10A. USUAL OCCUPATION (Give ki ork done during most of working life, even if ret	ndof 10B, KIND OF BUSINESS OR ired) INDUSTRY	11. BIRTHPLACE (State or fore		
Cabinet maker rtd	furniture	Germany	WHAT COUNTR	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	_
Moritz Liebmann		Elma ?		
15. WAS DECEASED EVER IN U. S. AF		17. INFORMANT	ADDRESS	=
Yes, no or unknown) (If yes, give war or	SECURITY NO.		ashiell-3413 Kentucky	A
118. // 2 2 2	CALISE	OF DEATH	INTERVAL BETWE	EN
DISEASE OR CONDITION		OF BEATH	ONSET AND DEA	TH
(This does not mean the mo	DEATH (No.	Cardeta	D Ma	
heart failure, asthenia, etc. It injury or complication which	means the disease,			
injury or complication which	ch caused death.) DUE TO		1 Edge Edge Edge Rate	
ANTECEDENT C	AUSES	a seemed	2 201	
DISEASES OR CONDITION	S, IF ANY, GIVING		3 . 3	
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION		to bloldit	2	
5	(c)			
				-
OTHER SIGNIFICANT CO				
TO THE DISEASE OR CONDIT				
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY)
			YES NO	4
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If i	in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Y	ear) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	_
INJURY	m. WHILE AT NOT WHILE			
22 7 hought contifue that 7		man 2 / 10 1 3 (4 101 77 11	. 7
deceased alive on	attended the deceased from, 19 and that death occu	med at 130 0 0	t, 19 _, that I last saw t	
23A. SIGNATURE		23B. ADDRESS	causes and on the date stated above	
1 Hubert M	1. Joseph M.D.	28 2 x St	Can Oli 1=3	and a
24A. BURIAL. CREMA- 248. DAT			ATION (City, town, or county) (State	e)
Burial 4/6/5	3 Druid Ridge	Cem. Pikes	ville, Md.	
DATE RECEIVED BY REGISTR	AR'S SIGNATURE	25, FUNERAL DIRECTOR	ADDRESS	_
	triglow Milliams, Mit	Illem U. Vial	2 == PR / V Xmas	
AFR DE BAIL	0	July July	The solve	
VS 150	The state of the s		Latto 17 ma.	
			ward. II	

425 53 3381 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3381 Registered No.

(1	ype or Print)		ELAN-D	1.1.		2. DATE OF	al	-
	PLACE OF D	IOFFI	ELANOR	. WILSO		DEATH NCE (Where deceased	AW. 2, 142	2
A.		city, Marylar		On, give street address or	A. STATE	B. COL		n)
H	OSPITAL OR	OF (II not ii	nospital of instituti	location)		(If outside corpo	ate Whits, writ RUBAL and gi	ve
16	ISTITUTION	on Me	moual t	tosh.	Ball	imorel	16 townshi	p)
40.	Length of st	tay in Baltim	nore life	Yrs. Mos. Days	2916	(If rural, give local	ation)	
5.	SEX	6. COLOR OR	RACE 7. SINGLE	. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In last birth		
		W.	Ma	rsied	Dec 26,18	42 60V	ns.	1.
worl	A. USUAL OC	CUPATION (Give working life, even l	rekiodof 10B, KIND fretired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country) 12. CITIZEN OF WHAT COUNTR	Y 7
15	house				- Bally	nove MID	· USA	
13	FATHER'S N	AME			14. MOTHER'S MAI	DEN NAME	L	
15	HEAVE WAS DECEASE	D VED IN IL S	. ARMED FORCES?	16. SOCIAL	uma	. Herva		_
(Ye	o, no or unknown)	(T yes, give wa	r or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
_	page and a			no		. Wilson - 2	2916 Loudon Ave.	
	18. 5 /2	./		CAUSE	OF DEATH		ONSET AND DEAT	
	DISEAS	LEADING TO	TION DIRECTLY	60	100.01. 0	7. 1		
			mode of dying, e. g		reverged /	cert fonitis		
			which caused death.		0 0			
		ANTECEDENT	CAUSES	Per	forated du			
O	DISEASES	S OR CONDITI	ONS, IF ANY, GIVIN	(B)	TOPEIZA OIL	16171CH LUM	signal	
F	RISE TO T	HE ABOVE CAU	SE (A) STATING TH	E DUE TO				
O								
TIF		11		(C)	***************************************			
ERT			CONDITIONS CON H, BUT NOT RELATE					
Ų		F OPERATION	NDITION CAUSING IT					
			198 MAIOR	FINDINGS OF OPER	ATION		A 120 AUTOPSY2	-
AL	Mass	h 27.5	3 Part	FINDINGS OF OPER	materal Seas	Lacil bear	20. AUTOPSY?	7
JCAL	Marca 21A. ACCIDE	h 27,5	3 Part	ce of INJURY (c. 8., i	orated Segn			
IEDICAL	Marc	h 27,5	3 Part	ruites, Perl	orated Segn		Tichling YES NO	
MEDICAL	21A. ACCIDE HOMICIDE	h 27,5	21s. PLA about home, fa	ce of INJURY (c. 8., i	or 21c. WHERE OF		Tichling YES NO]
MEDICAL	Marcide 21a. ACCIDE HOMICIDE	A 2),5 INT, SUICIDE, (Specify)	21B. PLA about home, fa	CE OF INJURY (e. g., 1 arm, factory, street, office bldg., 4	or 21c. WHERE OF INJURY OCCUR	?	Tichling YES NO	
MEDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify) Month) (Day)	218. PLA about home, fe (Year) (Hour) m.	CE OF INJURY (e. g., i arm, factory, street, office bldg., office bldg.	or 21c. WHERE OF INJURY OCCUP	?	re City, give exact location)	he
MEDICAL	21A. ACCIDE HOMICIDE 21D. TIME (1NJURY) 22. I hereby	NT. SUICIDE, (Specify) Month) (Day)	218. PLA about home, fa (Year) (Hour) m. t I attended the	CE OF INJURY (e.g., i arm, factory, street, office bidg., office bidg.	or 21c. WHERE GI INJURY OCCUP ED 21F. HOW DID	to 5 April	Tichling YES NO	he e.
MEDICAL	21A. ACCIDE HOMICIDE 21D. TIME (1NJURY) 22. I hereby	Month) (Day) y certify that live on 5 A	218. PLA about home, fa (Year) (Hour) m. t I attended the	CE OF INJURY (e. g., i arm, factory, atreet, office bldg., carm, factory, at work at work at work at work at deceased from 29 and that death occur	or 21c. WHERE GI INJURY OCCUP ED 21F. HOW DID	to 5 April	e City, give exact location) 19.53 that I last saw to	e.
M	21A. ACCIDE HOMICIDE 21D. TIME INJURY 22. I hereby deceased all 22A. SIGNAT	Month) (Day) y certify that live on 5 A	21B. PLA about home, fa (Year) (Hour) The state of the control o	CE OF INJURY (e. g., i arm, factory, street, office bldg., very, street, office bldg.,	or 21c. WHERE OF INJURY OCCUPATION OF THE PROPERTY OF THE PROP	to 5 Agrif from the causes ar	re City, give exact location) 1953, that I last saw to and on the date stated above 23c. DATE SIGNE 5 Appny 53	e.
M	21A. ACCIDE HOMICIDE 21D. TIME 21D. TIME 22. I hereby deceased all 22A SINAT	Month) (Day) We certify that live on 5 Aprune URE REMA-1 248. E pecify),	21B. PLA about home, fa (Year) (Hour) The state of the control o	CE OF INJURY (e. g., i arm, factory, street, office bldg., cells. INJURY OCCURR NOT WHILE AT WORK deceased from 27 and that death occur m. D.	or 21c. WHERE OF INJURY OCCUR ED 21f. HOW DID Mov , 19 53 rred at // A.m., 23p. ADDRESS Whion Meu RY OR CREMATORY	to 5 April from the causes at	re City, give exact location) 1953, that I last saw to and on the date stated above 23c. DATE SIGNE 5 Appny 53	e.
N 2 TI	21A. ACCIDE HOMICIDE 21D. TIME 21D. TIME 22. I hereby deceased all 22A SINAT	Month) (Day) We certify that live on 5 April CREMA- pecify) 1/8/	21B. PLA about home, fa (Year) (Hour) m. t I attended the of the control of th	CE OF INJURY (e. g., i arm, factory, street, office bldg., cells. INJURY OCCURR WHILE AT NOT WHILE AT WORK deceased from 29 and that death occur M. D. 24C. NAME OF CEMETE Moreland Me	or 21c. WHERE OF INJURY OCCUR ED 21f. HOW DID Mov , 19 53, 19 53, 19 53, 19 53, 19 53, 19 53, 19 53, 19 53, 19 54, 19 5	to 5 April from the causes are exist Hospi 24b. LOCATION (C)	no City, give exact location) 1. 19 53 that I last saw to the date stated above 23c. DATE SIGNE 53 ty, town, or county) (State Md.	e.
W NTI D	21A. ACCIDE HOMICIDE 21D. TIME INJURY 22. I hereby deceased al 23 SINAT BURIAL, (CON, REMOVAL (S	Month) (Day) We certify that We on S A FURE SREMA- 248. E D BY REGIS	218. PLA about home, fa (Year) (Hour) m. t I attended the company, 1953, company EXAMPLE 22 STRAR'S SIGNATU	CE OF INJURY (e. g., i arm, factory, street, office bldg., cells. INJURY OCCURR WHILE AT NOT WHILE AT WORK deceased from 29 and that death occur M. D. 24C. NAME OF CEMETE Moreland Me	or 21c. WHERE OF INJURY OCCUR ED 21f. HOW DID Mov , 19 53 rred at // A.m., 23p. ADDRESS Whion Meu RY OR CREMATORY	to 5 April from the causes are exist Hospi 24b. LOCATION (C)	me City, give exact location) 1953 that I last saw to and on the date stated above 23c. DATE SIGNE 3 April 53	e.
M S II D	21A. ACCIDE HOMICIDE 21D. TIME INJURY 22. I hereby deceased al 23A. SUNIAL ON, REMOVAL (S BUTIAL ATE RECEIVE	Month) (Day) We certify that We on S A FURE SREMA- 248. E D BY REGIS	21B. PLA about home, fa (Year) (Hour) m. t I attended the of the control of th	CE OF INJURY (e. g., i arm, factory, street, office bldg., cells. INJURY OCCURR WHILE AT NOT WHILE AT WORK deceased from 29 and that death occur M. D. 24C. NAME OF CEMETE Moreland Me	or 21c. WHERE OF INJURY OCCUR ED 21f. HOW DID Mov , 19 53, 19 53, 19 53, 19 53, 19 53, 19 53, 19 53, 19 53, 19 54, 19 5	to 5 April from the causes are exist Hospi 24b. LOCATION (C)	no City, give exact location) 1. 19 53 that I last saw to the date stated above 23c. DATE SIGNE 53 ty, town, or county) (State Md.	e.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PL

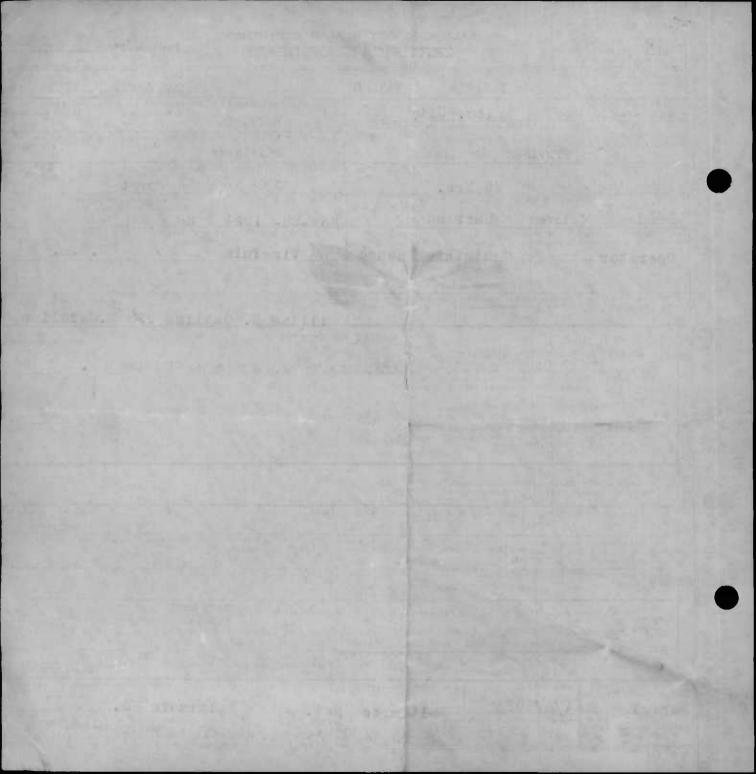
BI	- 46 53 3	0 382				TH DEPARTMENT	- Registered	Pro_	3382
1.	NAME OF DE	ECEASED	LAVINIA	A TAYLO	R		2. DATE OF DEATH Apr	11 1	, 1953
Α.		ity. Maryland	Balto.		A	. USUAL RESIDENCE (. STATE Maryland	Where deceased lived.		
H	FULL NAME (OSPITAL OR ISTITUTION	OF (If not in hospita	al or instituti	on, give street address locat			If outside corporate i	nits vi	ril RUBAL and give
	<u> </u>	Provider	t Hosp			Baltimor			township)
	Longth of at	er in Reltimore	95 Vm	M	os.	STREET ADDRESS ()	Sulloh Stree		
1		ay in Baltimore G.COLOR OR RACE	7. SINGLE	. MARRIED,		DATE OF BIRTH	9. AGE Un years	tf Under	1 Year If Under 24 Hours
	Female	Colored	Marr	ED, DIVORCED (Spo 1ed		ov-28- 1924	last birthday)	Months	Days Hours Min.
1C worl	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OF	11	. BIRTHPLACE (State or	foreign country)	12.	CITIZEN OF WHAT COUNTRY?
10	Opera to	r	Clot	hing Hous		Virginia		U.	S.A.
	. MINERS N	AME		IM,	/ 1"	MOTHER'S MAIDEN	NAME		
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16, SOCIAL	17	7. INFORMANT		A DELE	RESS St
	e, no or unknown)	(If yes, give war or dates	of service)	SECURITY N	0.	Hilliam R. G	tling 928		
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								
ERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATE	D					
U	19A, DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF O	PERAT	ОИ			20. AUTOPSY?
EDICAL	UNDERLYING	AL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.		CE OF INJURY (e. arm, factory, street, office b		21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give	exact location)
Σ	21b. TIME () OF INJURY	Month) (Day) (Year)		NOT WITH WORK	RILE	21F. HOW DID INJUI	RY OCCUR?		
	the evic	y that I took char dence obtained by ath in my opinion	said Auto	psy, Inspection	or Ing	of recommend	e 🗌, homicide 🗌	the d , unde	termined .
2	23A, SIGNAT	REMA- 24B, DATE	rsh	PAC NAME OF CEM	M.D.	23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGA OR CREMATORY 240.	EXAMINER	Apri	, ,,,,,
	N. REMOVAL (SI					2.70			

Burisl DATE RECEIVED BY LOCAL REGISTRAR

/1953 Baltimres

Elioy 0, Wilson 1 on Bunky

V S 151

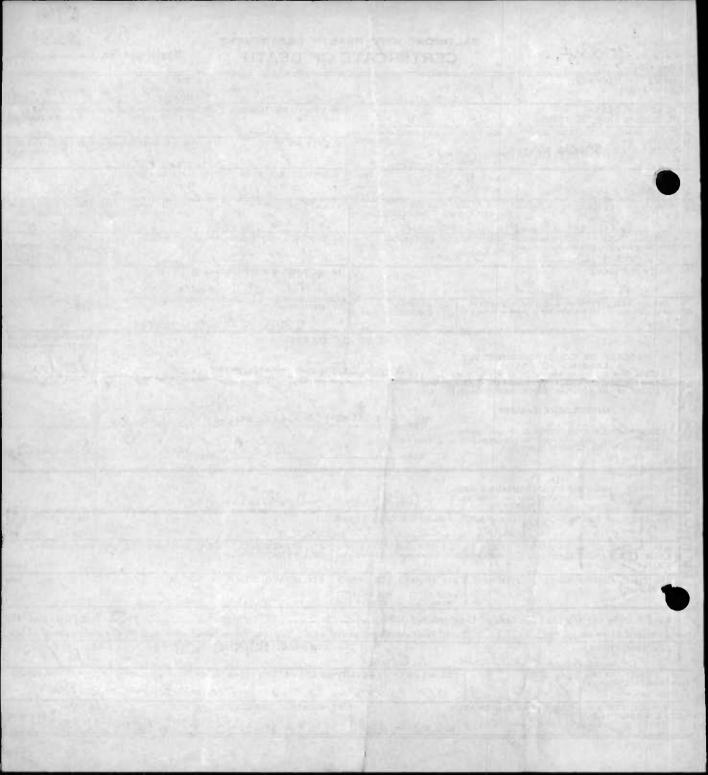


53 73383

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3383 Registered No.

BIRTH NO.		CE	RIFICAL	E OF DEATH	1	100 110.
1. NAME OF D (Type or Print)	ECEASED W	illi	and I	ands	2. DATE OF DEATH	bil 5 1953
	City, Maryland	P14	36/	4. USUAL RESIDE	NCE (Where deceased light B. COUNT	ed. If institution: residence beford admission)
B. FULL NAME HOSPITAL OR INSTITUTION	JOHNS HOPKIN		give street address or location)	C. CITY OR TOWN	(If outside corporate	hmits, write it U AL and give township)
73	SOLINA LIGHNII	TOSPITA		10	alleno	Pil /
c. Shigth of s	tay in Baltimore	Toke	Yrs. Mos. Days	D. STREET ADDRE	SS (If rural, give location)	alhoun SI
Male	Walared	4	ARRIED. DIVORCED (Specify)	5 - 15.	46 6	y) Months Days Hours Min.
	of working life, even if retired)	10B, KIND OF	BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME Ede	1-		14 MOTHER'S MAI	DEN NAME	
Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16	SECURITY NO.	17. INFORMANT	OPKINS HOSPITA	ADDRESS
18. 299	1		CAUSE	OF DEATH	TUPKINS HOSPILA	INTERVAL BETWEEN
0,10	SE OR CONDITION D	IRECTLY	Q -	1 2 0	1	ONSET AND DEATH
(This does	LEADING TO DEATH	dying, e.g.,	(A) Lules	tual has	whage	10 days_
injury or	re, asthenia, etc. It mean complication which ca	used death.)	DUE TO			
	ANTECEDENT CAUSE	is	apla	stic ano	mia - otrol	20.1
	S OR CONDITIONS, IF		(B)		4	4
UNDERL	HE ABOVE CAUSE (A) S	T.	(C)	duda	termed	8 months
<u>U</u>			(6)			
TRIBUTING	IGNIFICANT CONDIT TO THE DEATH, BUT N ISEASE OR CONDITION	OT RELATED	Celvoni	e mostoi	ditis	
			NDINGS OF OPER	A V		20. AUTOPSY?
3 23	DENT WAS UNDER-	Mener	-0 0000	or 21c. WHERE D	ID (If in Rultimore (YES NO City, give exact location)
	R CONTRIBUTING [INJURY OCCU		oldy, give exact location,
21D. TIME INJURY	(Month) (Day) (Year)	WHIL	. INJURY OCCURR E AT NOT WHILE RK AT WORK		INJURY OCCUR?	
22. I hereb	y certify that I atte			- 24- 195.	3 to 45 -	1953, that I last saw the
deceased a	live on 4 ~ 5 -	, 19 53 and	that death occur	rred at 2.45 m.,		on the date stated above.
23A. SIGNA	ullaur AR	olwan.	webstall	23B. AUDINS HC	PKINS HOSPITAL	23c. PATE SIGNED 4 5 5 3
TOO REMOVAL		53 Y	NAME OF CEMETE	LY CLM,	Brooks	yn my
DATE RECEIVE		1 16/1	liams- M.J.	Elion O.	Wilson 1	NO Benety an
VS 150	D.					V



BIRTH NO

I. NAME OF DECEASED

A. Baltimore City, Maryland

(Type or Print) 3. PLACE OF DEATH:

INSTITUTION

(Yes, no or unknown)

no 18.

CERTIFICATION

EDICAL

Mala

RTMENT ATH

Baltimore

8. DATE OF BIRTH 1878

14. MOTHER'S MAIDEN NAME

Anna Doan

Asteriosclerotic Heart Disease

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

Baltimore,

Jan. 13. 1680

Maryland

17. INFORMANT

CAUSE OF DEATH

Diabetes Mellitus

Cardiac Failure

Registered No.

BALTIMORE	CITY	HEALTH	DEP
CERTI	FICA	TE OF	DE

INDUSTRY

ls		2. DATE OF DEATH April	5, 1953
	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If ins	stitution : residence before admission

8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) Maryland C. CITY OR TOWN

4940 Eastern Avenue Yrs.

16. SOCIAL

DUE TO

SECURITY NO.

5-09-1728

Life Mos Days

th of stay in Baltimore

6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) White Married 10B. KIND OF BUSINESS OR

William N. Mil

10A, USUAL OCCUPATION (Give kind of) rork done during most of working life, even if retired) Ret. Elevator Electrician

20.0 and

13. FATHER'S NAME Nicholas Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

> 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) INJURY

19A. DATE OF OPERATION

24B. DATE

REGISTRAR'S SIGNATURE

untimator

3-27-53 19 to 4-5-22. I hereby certify that I attended the deceased from_ 1953 and that death occurred at 10:30 pm., from the causes and on the date stated above.

Mt. Olivet Cemeterv

21E. INJURY OCCURRED

4940 Eastern Avenue 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

Wom, Cook . Q.c. 1217 St. Paul Street

25. FUNERAL DIRECTOR

(If outside conporate limits, write RORAL and give

D. STREET ADDRESS (If rural, give location) 3334 Strickland Street

9. AGE (In years) It Under I Year last birthday) Months Days

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

township)

Hours: Min.

ADDRESS B.C.H. 4940 Eastern Ave. (records)

INTERVAL BETWEEN ONSET AND DEATH

15 years

Months

8 days

20. AUTOPSY YES

23c. DATE SIGNED

Maryland

(If in Baltimore City, give exact location)

_, 19_53that I last saw the

51524

deceased alive on. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

burial

VS 150

SEDIM THE MILES Aleginan offo ene line STATE AND STATE AND STATES = EX Sell Tall The Sales DO Damberr Avec-

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate imits, write RURAL and give c. CITY OR TOWN INSTITUTION township 3200 D. STREET ADDRESS (If rural, give location) Yrs. Mos. Tulk Wound c. Leigth of stay in Baltimore 5_SEX 6. COLOR OR RACE 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify Widowed 10A. USUAL OCCUPATION (Give kied of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS /-SECURITY NO. 18.420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE AT WORK WORK 19 2 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive or leve 195 2 and that death occurred at. m., from the causes and on the date stated above. 23c. DATE_SIGNED 23A. SIGNATURE 23B_ADDRESS 24A. BURTAL, CREMA-THOM, REMOVAL (Specify) 24c. NAME OF CEMETERY Emora DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR

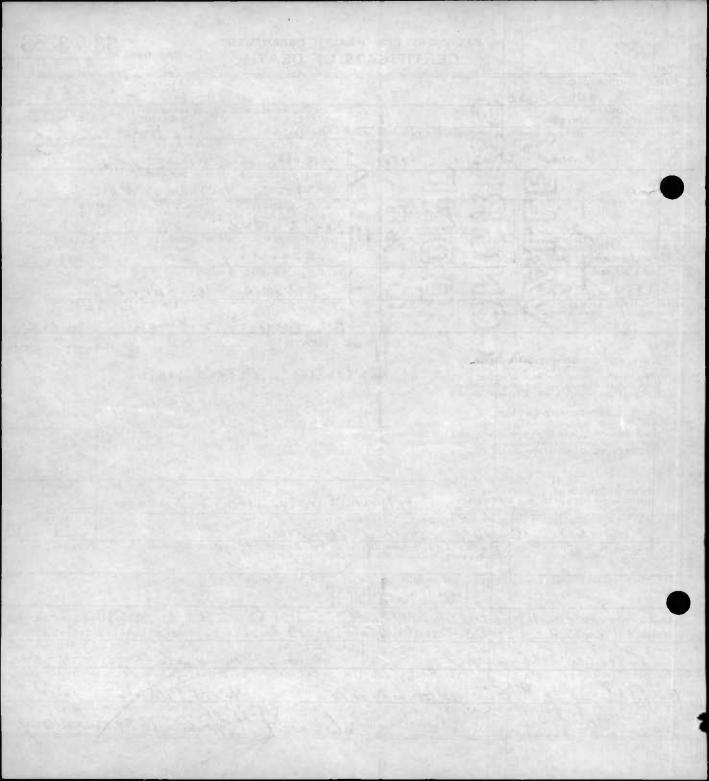
untimotor

200 3 3386

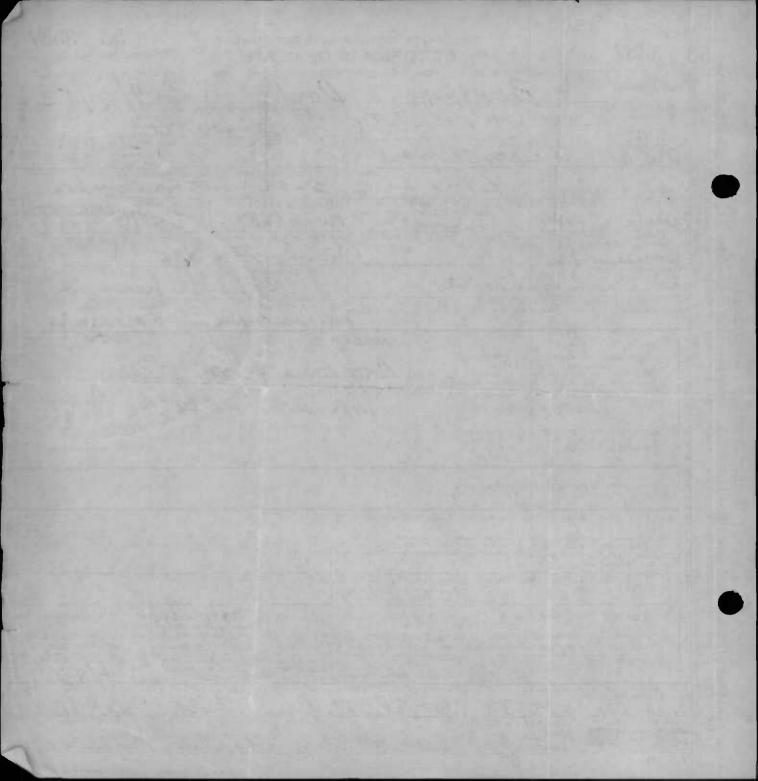
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3386

B	IRTH NO.								
1. (T	NAME OF D Type or Print)		083-					-4-5	73
	PLACE OF D		1		4. USUAL RESIDE	ENCE (Where de			residence readmission)
В.	FULL NAME		al or institution,	give street address or	MD.		altimo		re admission)
IN	OSPITAL OR	1/ 1	4 .	location)	C. CITY OR TOWN				RAirand give
4	- lef	Union 1	removia		Baltin		6	- 1-	
c.	eigth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	Northu		rive	
5.	SEX	6. COLOR OR RACE	7. SINGLE. N	MARRIED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AG	E (In years	If Under 1 Year Months: Days	H Unday 24 Hours
	M	W	W	, DIVORCED (Specify)	May 3 18	86	6	donums, Days	Tiours min.
J C	A. USUAL OC	CUPATION (Give kind of of working life, gve a if retiged)	10B. KIND O	BUSINESS OR	11. BIRTHPLACE (S	State or foreign co	untry)	12. CITIZ	EN OF
1	un. opi	win way of 1.	sette Pu	ered	germa	any		V	
13	FATHER'S	NAME	132 N. L. S	Devil A SILLIS	14. MOTHER'S MA	IDEN NAME			
	Adar				Mari	e Li	pper	t	
15 (Ye	. WAS DECEASE s, no or nnknown)	D EVER IN U.S. ARME	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT		 	ADDRESS	
					Mrs Marga	vet sah	Ilman	Sa	me
	18. 154	4		CAUSE	OF DEATH			INTER	VAL BETWEEN
	DISEAS	SE OR CONDITION							,,,,,
	(This does	LEADING TO DEA	of dying, e.g.,	(A)	estinal (ostruct	0.7		
		re, asthenia, etc. It mes complication which		DUE TO					
	ELSS WIL	ANTECEDENT CAU	SES	0		Toppos S			
Z	DISEASE	COD CONDITIONS		(в)Са	L of R	ectum	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		**********
ATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING THE	DUE TO					
CA	UNDERL	FING CONDITION L	AST.					100	
E		11		(C)					
ERT		SIGNIFICANT COND				, ,		900	
S	TO THE D	TO THE DEATH, BUT	CAUSING IT.		clerotic	IterrT	Diseas		*************
۲	19A. DATE C		9B. MAJOR F	, 1	-4 4 -4				AUTOPSY?
EDICA	21A ACCIDE	ENT. SUICIDE.	DA PICTE	OF INJURY (e. g., is	OFFICTION	OID (If in Ba	Itimore City	give exact	location)
ED	HOMICIDE	(Specify)	about home, farm	, factory, street, office bldg.,	tc.) INJURY OCCU	R?			
Σ	21p. TIME	(Month) (Day) (Year	(Hour) 21s	INJURY OCCURR	D 21F. HOW DID	INJURY OCCL	R?		
4	OF INJURY		WHI	LE AT NOT WHILE					
				ORK AT WORK		2	//	()	
		y certify that I at			195	,			ast saw the
	deceased a		_, 19_ 3 _3. an	d that death occur	3B. ADDRESS	, from the caus	ses ana on		TE SIGNED
	Low	use Sch	rander	M. D.	Minion	memore	1 140	10 4-1	4-53
2	4A. BURIAL, ON REMOVAL (S	CREMA- 24B. DATE	/ 240	. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATIO	N (City, 1/W	n, or county)	(State)
11	BURIA	4 4/8	153 1	DAKLAW	N	BALT	-IM OR	EA	10
	ATE RECEIVE		S SIGNATURE		25. FUNERAL DIR	ECTOR	12	ADDRES	S
-	NOR S-	33 H. t.	motor- 1/2	HURLIUM, MY	elarence to	Hoffman	~163	9 Bron	May
-	110 400		7			00			



4. US AL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate limits, wait RERAL and give D. STREET ADDRESS (If rural, give location) West Ham li Under AGE (In years | H Under 24 Hours last birthday | Months Days | Hours | Min. 9. AGE (In years 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 17235ex/00 20. AUTOPSY (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident , suicide , homicide , undetermined . 24D. LOCATION (City, town or 151



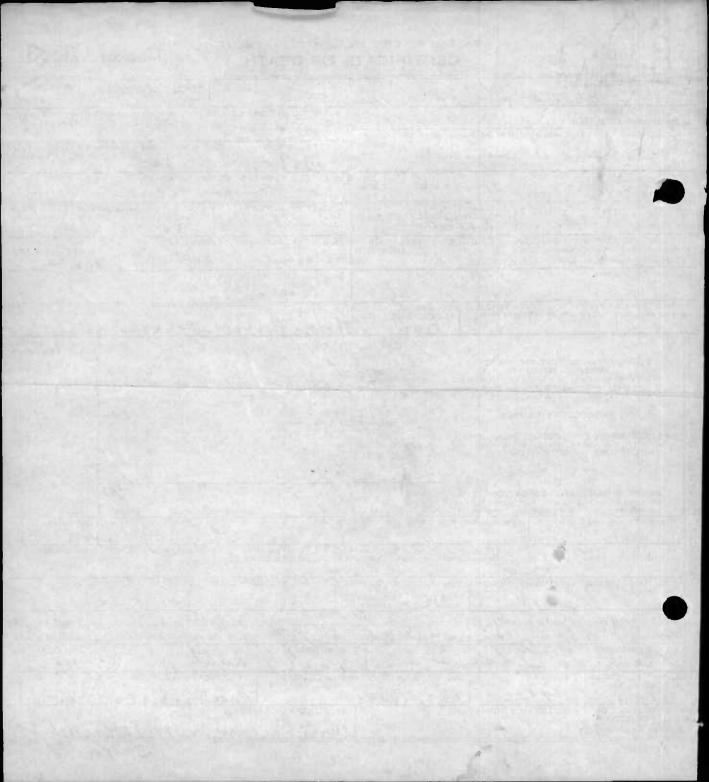
BALTIMORE CITY HEALTH DEPARTMENT Registered No.3 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH April 5, 1953 John Kestler 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals Iocation) (If outside cor orace limits write DERAL and give c. CITY OR TOWN INSTITUTION township) Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 4940 Eastern Ave. Balto. City Hospitals th of stay in Baltimore Days Il Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) Mala White 1881 Married 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KINDLOF BUSINESS OR 12. CITIZEN OF ork done during most of working life, oven if retired) INDUSTR WHAT COUNTRY Laborer Baltimore, Maryland USA walla (13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luchun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, ao or unknown) (If yes, give war or dates of service) SECURITY NO. B. C. H. 4940 Eastern Ave. (records) INTERVAL BETWEEN 18. CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Arteriolosclerotic Heart Disease heart failure, asthenia, etc. It means the disease, and Failure injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Pneumonia CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE! 153 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death .. and that death occurred at 3:201 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave., Balto. Md. the go hundan 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) meadowre Burelle 25. FUNERAL DIRECTOR CADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

AND RESIDENCE PROPERTY. Author Colored 13:1 (a release - never exceless district Landing Tree and America STATE OF STREET AND LINES OF STREET BETTER The same of the sa

BALTIMORE CITY HEALTH DEPARTMENT

.....53 3389

	IRTH NO.			CERTIFICAT	E OF DEAT	H Registere	d 4405
	NAME OF D	FCEASED				Lo Date	7
(7	'ype or Print)	EUNICE	PAULI	INE BURK	ETT	2. DATE APP	1/3,1953
A.	Baltimore (City, Maryland			A. STATE	ENCE (Where deceased lived B. COUNTY	
H	OSPITAL OR			ion, give street address o	c. CITY OR TOWN	(If outside corporat li	mits write RURAL and give
2	4	Provident	Haspi		1301+		township)
c.	h of s	tay in Baltimore	27 4	Yrs. Mos. Days	520 Po	ESS (If rural, give location)	/_
-	sex	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify		1693 last birthday)	Months Days H Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kied of f working life, even if retired	I IOB, KINE	O OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	unemp	rlayed		8-22	Charlests	n 8.C.	V. S. 13.
13	FATHER S	IAMÉ >			14. MOTHER'S MA	AIDEN NAME	
		•			Sally		
(Ye	s, no or onkoown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	1.1		MOHE	MARIMA IDAY	Kett-528 Lan	
	18. 2 2	1X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION					ONOLI AND DEATH
	(This does	not mean the mode	ATH of dving, e.	C	. V. A.		
	heart failu	re, asthenia, etc. It me complication which	ans the diseas	se.	***************************************	**************************************	
	mjury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAU	SES	41.	7.4 /)	
Z	DISEASE	CONDITIONS		(B)	pertension		
ATION		S OR CONDITIONS, HE ABOVE CAUSE (A					
Y	UNDERLY	ING CONDITION L	AST.				
7							
RTI		11		(C)			
CER	TRIBUTING	IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	NOT RELATE	ŁD .			
Ĭ				FINDINGS OF OPE	RATION		20. AUTOPSY?
A							YES NO
DICA	21A. ACCIDE	NT. SUICIDE.	21B. PLA	ACE OF INJURY (e. g.,		OID (If in Baltimore Cit	y, give exact location)
MED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bld g.	,etc.) INJURY OCCU	R?	
	21D. TIME	Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DIE	INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from ag	rel 1 195	3, to April 3, 19	53 that I last saw the
	deceased al	ive on April ;	1953	and that death occi	rred at 2:59 8m	, from the causes and or	the date stated above
	23A SIGNAT		,		23B. ADDRESS	, , , one one causes and o,	23c. DATE SIGNED
	/ Ten	. 19 /	dam	M. D.	1327 av	north	4- 4) - 5-3
24	AA. BURIAL. (S	NEMA- 24B. DATE		24c. NAME OF CEMETI			
	Burial	4/7/3	3 7	Mt. Calvary		Anno Arundel	o. Md.
	ATE RECEIVE		'S SIGNATL	JRE	25. FUNERAL DIR	RECTOR	ADDRESS
	418 8-	TAB TIME	1	ation MT	Wm I. Cha	man, Jr-1701	Mª. Calloh St.
	VS 150		0			13	alta Md.



- 3	26
53	3390
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3390

BIRTH NO.	L OI BLATTI
1. NAME OF DECEASED (Type or Print)	2. DATE
James G. Roc	igers DEATH April-2-1953
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland Balto. City	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
8 South Amity Street	Baltimore # ()
Yrs.	O. STREET ADDRESS (If rural, give (cation)
ngth of stay in Baltimore 42 Yre. Mos. Days	8 South Amity Street
5. Sex 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours
WIDOWED, DIVORCED (Specify)	
Male Col. Married	July-24-94 58
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
rork done during most of working life, even if retired) INDUSTRY	
Chauffuer In General 13. FATHER'S NAME	South Boston Virginia U.S.A.
IS. I ATTIER S NAME	14. MOTHER'S MAIDEN NAME
Bengeman Rodgers	Unkown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
Yes War # 1 1065-16-1763	
18. 442x and 163x CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 1 1 1 1 1 1
(This does not mean the mode of dying, e.g.,	Erelyal Hemontage hour
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	et in la diovercula
ANTECEDENT CAUSES	the state of the s
Z (B) 12	mel dicere and under
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
<u>0</u> (c)	
OTHER SIGNIFICANT CONDITIONS CON-	~ /
II TRIBUTING TO THE DEATH, BUT NOT RELATED	er Il hund Vakum
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
4	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i about bome, farm, factory, etreet, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from Ma	27,1963, to April 2, 1953 that I last saw the
deceased alive on April , 1953, and that death occur	
	23B. ADDRESS 23c. DATE SIGNED
1 4 4 (%)	1038-8 despt de M. 4-6.53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	(State)
	lat. Baltimore Maryland .
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 Meral Director, Address
THE STATE OF THE S	THE TOTAL PROPERTY OF THE TAXABLE TOTAL PROPERTY OF TAXABLE TOTAL PROP

VS 150

68399

and the second second second BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 3391

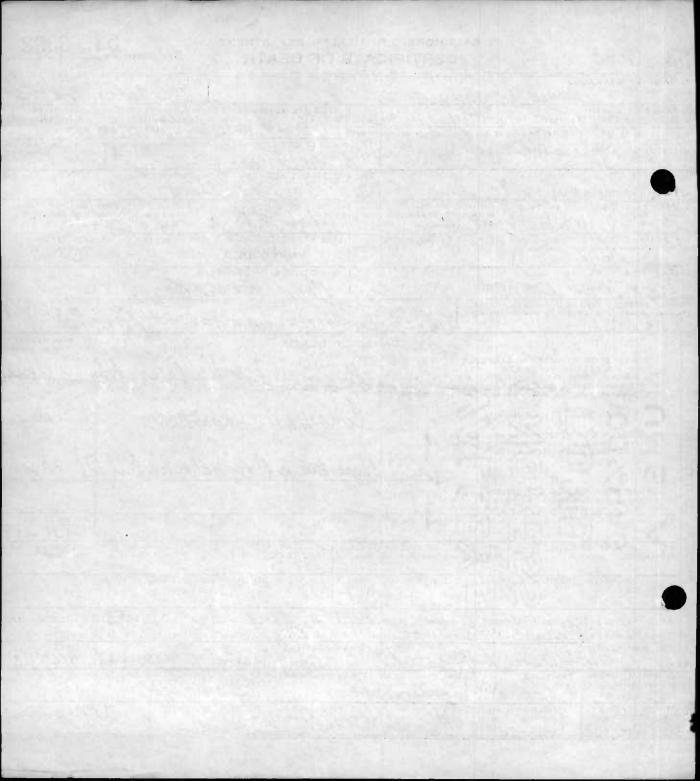
NAME OF DECEASED Type or Print) William Will	Durgou 2. DATE OF DEATH OND !	4.1953
B. PLACE OF DEATH: A. Baltimore City, Maryland Opl G		n : residence fore admission)
B. FULL NAME OF (If not in hospital or institution, give street address o location NSTITUTION HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give
NSTITUTION TOTALING HOSPITAL	Baltimore X-0.	township)
Yrs. Mos.		
Days S. SEX 6. COLOR OR RACE 7. September 19 7. September 20 7. September 2	8. DATE OF BIRTH 9. AGE (In years) If Under I Year	If Under 24 Hours
male Hite (Specify	y) 12-1-1913 last birthday) Months Day	Hours Min.
OA. USUAL OCCUPATION (Givekind of 105, KIND OF BUSINESS OR INDUSTR'		ZEN OF
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William J. Wilkinson	Ethel Robinson	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL ADDRESS	
18. 240 X		RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSE	T AND DEATH
(This does not mean the mode of dying, e.g.,	carrie lufaretion 2	4 MJ.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES OFTEN	isselerotic larrisoasculas is	10+ yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1 4: //	
UNDERLYING CONDITION LAST.	letes hellitus	20 413
II asite	sastrocutor d. 2 B	o los
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tis, left day	days.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20	. AUTOPSY?
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (c. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact	
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg.	.,eb.) INJURY OCCUR?	
2 id. TIME (Month) (Day) (Year) (Hour) 2 ie. INJURY OCCURI		
m. WHILE AT NOT WHILE		
1 I hereby certify that I attended the deceased from	4-3, 1953, to 4-4, 1953, that I wrred at 7.50 km., from the causes and on the date:	last saw the
		DATE SIGNED
M. D. 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMET		y) (State)
24A. BURIAL, CREMA- TON, REMOVAL (Specify) H-8-53 Rose Shee	2 lours to sand &) (Dance)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ss
APR 5- 1500 Thurtington Wellegues and	how I Kight burnel want	and
vs 150	306E	

53 3392 BIRTH NO.

CERTIFICATE OF DEATH

Registered No. 3392

BÍ	RTH NO.			021111110		OI DEATH		
	NAME OF DEC						2. DATE	20 -100
V		MARIE	LAWRE	ENCE	- (1		DEATH /T/	PRIL 5, 1933
	Baltimore Cit		BALTI	MORE MI		. USUAL RESIDENCE	B. COUNTY	before admission)
	FULL NAME OF	(If not in hospi	tai or institut	ion, give street addr	4:- 11-	MARYLAND	D ISALT	IMORE !
	STITUTION LU	theraw Hosp	ital of	Maryland	-/200	CITY OR TOWN	If outside corporate in	nits write RURAL and give township)
4	19				_	DALTIMOR	= /	2
-			70		Yrs. C Mos.	21-17 511	If rural, give location)	
-	SEX 6	y in Baltimore .COLOR or RACE	17 CINCLE		Days	DATE OF BIRTH	Spreat	M Dada: 1 Year 1 M Hada: 24 Hause
3.	Female	white	WIDOW	E, MARRIED. VED, DIVORCED (S. YYIEA	pecify)	October 18, 188	9. AGE (In years last birthday)	Months Days Hours Min.
		PATION (Give kind o orking life, even if retired		OF BUSINESS C			foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEW			INDO.	3111	MARYLAND		USA
13	. FATHER'S NAI	ME D	-		1	4. MOTHER'S MAIDEN	NAME	
	<i>BUNTA</i>	ber OR.	AUN			MARY FA	ANKe	
15	. WAS DECEASED	EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL	1			ADDRESSA OL (15)
(10	No	(11 300, give wer of dat	cs of service)	Z16-24/2	BIC	LAS. W. LAW	RENUE 361	3 to ment. Cay
	18. 420.	1	100			DEATH	DA	INTERVAL BETWEEN
	400	OR CONDITION	DIRECTLY	CAO	1	/ /	11/1/	ONSET AND DEATH
	L	EADING TO DEA	TH		40	Ute Myocard	deal Intova	tion 2 days
2	heart failure,	ot mean the mode asthenia, etc. It me	ans the diseas	e,		7		10-1
	injury or complication which caused death.) DUE TO							
7	ANTECEDENT CAUSES (B) CORONARY THROMBOSIS							2 days
ő	DISEASES	OR CONDITIONS,	IF ANY, GIVIT	(B)				<i>f</i>
ATI		ABOVE CAUSE (A						
Ď.	Supplied Services				Hiero	rkusive Arteri	selounte. N	11. D 20 415
T		Н		(C)	14/10		0.0100110	064
CER	TRIBUTING T	NIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELAT	ŁD .				
	19A. DATE OF	OPERATION	19B. MAJOR	FINDINGS OF	OPERAT	ION		20. AUTOPSY?
Y								YES NO
EDICAL	HOMICIDE	r, suicide, (Specify)		ACE OF INJURY (arm, factory, street, office			(If in Baltimore City	, give exact location)
Σ		onth) (Day) (Year	(Hour)	21E. INJURY OCC	URRED	21F. HOW DID INJU	RY OCCUR?	
	INJURY				WHILE			
			m.		VORK L	2 1053.	An. 15 10	62
		certify that I at	~ ~~		14016	3 1940 3, to	11011-01, 19	5 that I last saw the
	23A. SIGNATU	e on April	1953.	and that death	occurre	ADDRESS	the causes and on	the date stated above.
	200. 0101010	Willean	u XX	Ossou XII) Lu	theren House	alof Mary	and 4/5/53
24	AA. BURIAL, CRI	EMA- 24B. DATE		24c NAME OF CE	METERY	OR CREMATORY 24D.	LOCATION (VIL), tov	vn, or county) (State)
TIC	ON, REMOVAL (Spe-	4-8-3	3 0	Loudan Va	uk	Ba	eto. mol.	
	ATE RECEIVED		'S SIGNATI			5. FUNERAL DIRECTOR		3512Fre derict
r.(CAL REGISTRA	1 to	waters !	1332 OSMAN A	16.3	407	1	The deblet



BALTIMORE CITY HEALTH DEPARTMENT

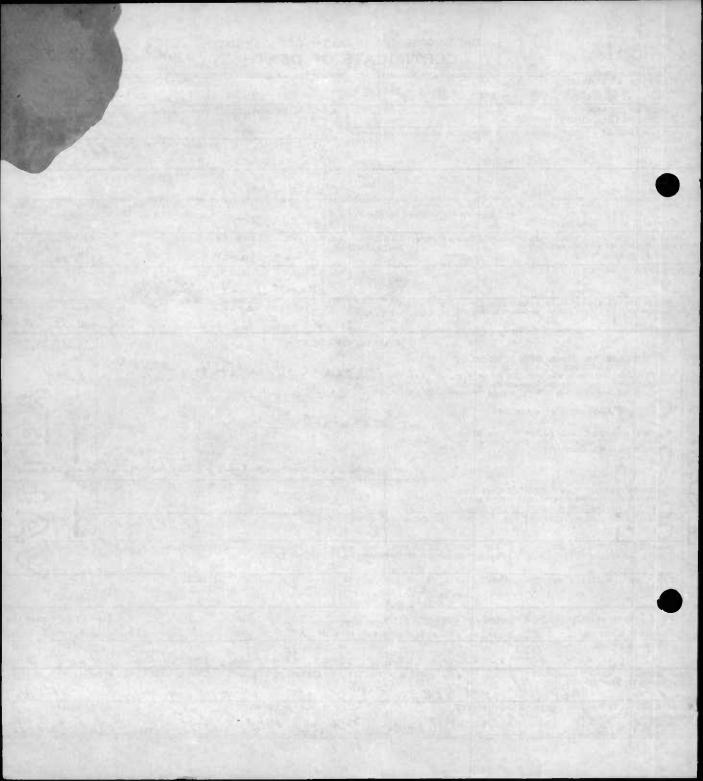
-324						
53 3393	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Register					
BIRTH NO.				9:00 R. m.		
1. NAME OF DECEASED (Type or Print)	Tchell		OF DEATH MAN	1 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution : residence before admission		
HOSPITAL OR	nstitution, give street address or location)		outside corporate limits,			
Title Siste		- (Kallo	27-	township		
c. Length of stay in Baltimore	Yrs. Mos.	o. STREET ADDRESS (If	ural, give logation)			
5. SEX 6. COLOR OF RACE 7. 9	Days NNCLE, MARRIES. //IDOWED_DIVORCED (Specify)	8. DATE OF BIRTH		nder Year If Under 24 Heurs ths: Days Hours: Min.		
male White 7	Vidower	may 10 - 1866	88	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIATHPLACE (State or fo	Marie Market	2. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	2 gines	14. MOTHER'S MAIDEN NA	ME			
George mite	hell	Surannal	Balling			
15. WAS DECEASED EVER W U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL vice) SECURITY NO.	17. INFORMANT	le Ten al	DRESS		
18. 4.2011	CAUSE	OF DEATH	was the same of th	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRE	CTLY	many the	no Boris	1200 001/1		
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	discase.	onung janvor	100.50	1 His inte		
ANTECEDENT CAUSES	death.) DUE TO	The Colors	11-	Las		
	(B)	mo sceno		0 100		
RISE TO THE ABOVE CAUSE (A) STAT- UNDERLYING CONDITION LAST.	ING THE OUE TO					
	(0)	***************************************		•••••		
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT IT TO THE OISEASE OR CONDITION CAUSE	RELATED					
194. DATE OF OPERATION 198 M	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
COAL				YES NO		
Z1A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about CAUSE OF DEATH	B. PLACE OF INJURY (e. g., in the home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (I:	f in Baltimore City, gi	ve exact location)		
210. TIME (Month) (Day) (Year) (House			OCCUR?			
A Section 1997	m. WHILE AT NOT WHILE					
deceased alive on AML 3. 19.		med at 9 A my from the	ne causes and on the	that I last saw th		
23A. SIGNATURE Q Quality		3B. ADDRESS	Days	23c. DATE SIGNED		
24A. BURIAL, CREMA- 24B, DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	DCATION (City, town, o	county) (Spate)		
Burial april 7-5	3 MA. Olive	\$ 6 cm. 6	Balts.	Md.		
DATE RECEIVED BY REGISTRAR'S SIC	SNATURE	25 FUNERAL DIRECTOR	0	DDRESS		

3 3394

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3394

B	RTH NO.						
	NAME OF D		GREY	WEST		2. DATE OF DEATH	1/4/53
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDEN	CE (Where deceased live B. COUN	ved. If institution; residence TY before admission)
В.	FULL NAME		al or instituti	on, give street address or	Murylund	5.000,	. A
IN	SPITAL OR	1.	1 +1	location)	C. CITY ON TOWN	(If outside corporate	e fimits, write RURAL and give township)
	Union	Memorial 1	tos pelul		13 al ternore		
L C.	egth of s	tay in Baltimore	Life	Yrs. Mos. Days	1702 Bolton	~ 4	on)
5	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthda	
0	amale	White	Wide		Dec. 2, 181	7/ 81	
10 worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House	awefe			Maryle	end	USA
13	FATHER'S	NAME			14. MOTHER'S MAIL	EN NAME	
	Deorge	Drey	3-1000	8	Mary an	ne Hall	1
15 (Ye	. WAS DECEUS!	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Le	phen	ADDRESS
	no	-			William E. W	Joodyeer 6101	Muywood ave, #9
	18. 420	.1		CAUSE	OF DEATH	0	INTERVAL BETWEEN
н		SE OR CONDITION	DIRECTLY			, ,	ONSE! AND DEATH
	(This does	LEADING TO DEA	TH of dying, e.g	. (A) My.	cardial in	furction	1 day
	heart failu injury or	are, asthenia, etc. It mea complication which o	ns the disease aused death.	DUE TO			
	100	ANTECEDENT CAUS	SES	1			4
Z				(B) Coron	any Occhise	on	13 Rays
2	DISEASE RISE TO 1	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH	G E DUE TO	1		
CA	UNDERL	YING CONDITION LA	ST,			A /	
Ē		11		(c) Hyperte	used arterios	elevotre Curdeov	sular disease
RT	OTHER S	SIGNIFICANT CONDI	TIONS CON	. 70			
国		G TO THE DEATH, BUT DISEASE OR CONDITION			***************************************		
١				FINDINGS OF OPER	ATION		20. AUTOPSY?
Y							YES NO
EDICA	HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about bome, fa	CE OF INJURY (e. g., in rm,factory,street,office bldg.,e	te.) 21c. WHERE DID	(If in Baltimore	City, give exact location)
2	210. TIME	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	D 21F, HOW DID II	NJURY OCCUR?	
	OF INJURY		m. W	HILE AT NOT WHILE			
	22. I herch	y certify that I, att			4/4 1953	to 4/4	19 5 7 that I last saw the
	deceased a	. 1 1 . 1		and that death occur			on the date stated above.
	23A. SIGNA		-, 10, o		3B. ADDRESS	1 / /	23c. PATE/SIGNED
100	Je	orgen Per	mold) M. D.	Union Memor	cal Hospita	4 4/4/53
24 TI	AA. BURIAL, ON, REMOVAL (S	CREMA 24B. DATE	0 2	4c, NAME OF CEMETE	RY OR CREMATORY 2	240. LOCATION (City,	town, or county) (State)
13	UVIAL	April 7	11953 1	Green M	ount	BALTIMOR	P. Md.
	ATE RECEIVE		SIGNATU	BE:	25. FUNERAL DIREC		ADDRESS
	1996	12 Junto	rator 1	WELLALLIA MIX	ohn O. Mit	chell Amo In	re 1900 Eutoro P.
-	110		77				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.__ 3395

_											
	NAME OF D	MARG.	ARET T	AYLOR	HARPER			OF DEATH Apr	il 5. 19	953	
A.		City, Maryland				4. USUAL RESIDE	NCE (W	here deceased lived. B. COUNTY	If institution bef		
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Hillcrest Nursing Home location INSTITUTION						Maryland	(1#	non outside corborate li		SAT	
IN	ISTITUTION	212 Stoney R			#one Balti		outside consorate in	in Cirite rec	tow	na give znship)	
-		bib o coney in	all Dalle		life Yrs.	D. STREET ADDRE		rural, give location)			
c.		tay in Baltimore			Mos. Days	Greenway A	~				
5.	SEX	6. COLOR OR RACE		E, MARRII	ED. RCED (Specify)	8. DATE OF BIRTH	1 11	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under Hours	24 Hours Min.
	female	white	widow	ed		April 19, 1		88			
wor]	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (S	tate or fo	reign country)	12. CITIZ	EN OF	NTRY?
10	none					Baltimore,	Md.		U. S.		
13	FATHER'S					14. MOTHER'S MAI	DEN NA	AME			
1.0		as L. Taylor				Harvey M	ittan				
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give wer or date	s of service)	16. SOC	URITY NO.	17. INFORMANT William T. H	arper	707 W	ADDRESS Univer	sitv	Pkv
	18. 1/1/	3×.	111		CAUSE	OF DEATH	-		INTER	VAL BE	TWEEN
	1 1 4	SE OR CONDITION	DIRECTLY		100		0		ONSET	ANO	DEATH
	(This does	LEADING TO DEAT not mean the mode of	TH of dying, e. s	g., (A	, ce	retiral	た	emarch	4012	上北	41-
	heart failu injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) DUE	то					•••••••	
		ANTECEDENT CAUS	ES		0	1.	1-1		4		1
Z	2105105			(B	, ar	leres -	1 cu	eroses	U	All	201
CATION	RISE TO T	S OR CONDITIONS, II	STATING TH		TO The	weerds !	tis			11	
CA	UNDERLY	YING CONDITION LA	ST.	(C	,	albox To	ייועייינייעי			1	
RTIFI						11/1000	un	27			
R	OTHER S	II IGNIFICANT CONDI	TIONS CON	٧-							
CE	TO THE D	TO THE OEATH, BUT	CAUSING I	T							
\L	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDING	S OF OPER	ATION				AUTOP	
C	21A. ACCID	ENT WAS UNDER-	21B. PL/	ACE OF IN	JURY (e. g., i	or 21c. WHERE DI	D (I	f in Baltimore City	yes y, give exact		10
MED	LYING OI	R CONTRIBUTING	about home,	farm, factory,	street, office bidg.,	to.) INJURY OCCUR	₹7				
	21D. TIME	(Month) (Day) (Year)			RY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?			
			m.	WHILE AT WORK	AT WOLE						
	22. I hereb	y certify that Latt	ended the	deceased	from		, to a		53 that I	last sa	w the
	deceased g	live on Fre 4	, 195 3	and that	death becur	red at 4 Am.,	from th	he causes and on			
	23A. SIGNA	GRE VI	a Des		J16 E T T T T T T T T T T T T T T T T T T	36. ADDRESS 1403 Park Ave	8.		23c. DA	TE SIG	
2	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	any	24c. NAM	M. D. E OF CEMETE	RY OR CREMATORY		OCATION (City, to			State)
	on, removat (S Surial	Specify)	53	Green	moum+		Re	ltimore, Mo	1		
D	ATE RECEIVE			Green	mount	25. FUNERAL DIRE	CTOR		ADDRES	S	
L	ADD C	RAR 105	ton W	Higun	2. M.J.	John O. Mitche	ell	& Sons, Inc.	-1900 E	utaw	Pl.
=	VS 150			ALSIA BAY	- 4 4 4 4 4 4	11/10/11/1	telio				
							7.00				

The state of the s		
		fring.
		TOTAL
	salval .	
The state of the s		

. 1	Salata and a salat
	2000
530	3596

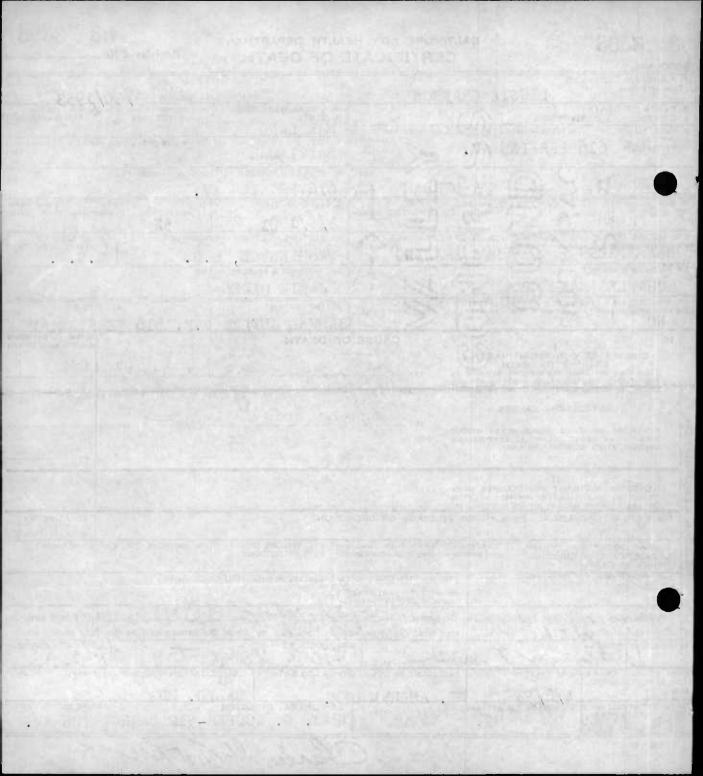
BALTIMORE CITY HEALTH DEPARTMENT

53 3396

COMP CIC	CFO		CERTIFICATI	E OF DEATH	Regist	ered No	
BIRTH NO.			CERTIFICAT	E OF DEATH	Regist	cred 110,	
1. NAME OF (Type or Print)		IE GRA	AYSON		2. DATE OF DEATH	2/20/2052	
3. PLACE OF A. Baltimore		ZZ GIC	ATOON .	4. USUAL RESIDENC		lived, If institution; resid	ence mission)
B. FULL NAME HOSPITAL OR INSTITUTION	1-1		ion, give street address or location)	MARYLAND C. CITY OR TOWN BALTIMORE	(If outside corpora	ate livit, while RORAL to	and give
10					i.	/	
c. Ogth of	stay in Baltimore	4 (OYRS Yrs. Mos. Days	616 PERKINS	(If rural, give located AV.	tion)	
F. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, /ED, DIVORCED (Specify)	3/5/1901	9. AGE (In y last birthd	ears if Under 1 Year If Under lay) Months Days Hour	er 24 Hours 8 Min.
10A. USUAL O	CCUPATION (Give kind of the free kind of the free kind of the kind		O OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN O WHAT COL	
		DRESS	SMAKING	WASHINGTON,	D.C.	U.S.A.	
13. FATHER'S			1191	14. MOTHER'S MAIDE	N NAME		
	ES SANDERS	FORCERS		JANIE OLDE	EN		
(1es, no or unknown	(II yes, give wer or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO	NO			SAMUEL CUTLE	ER (D.F.) 61	6 PERKINS A	V
(This doe heart fail injury of DISEASE	ASE OR CONDITION LEADING TO DEAT es not mean the mode o lure, asthenia, etc. It mea: r complication which c ANTECEDENT CAUS ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LA	'H f dying, e. g ns the diseas aused death ES TANY, GIVIN STATING TH	e, .) DUE TD	ustwe !	C Heart	Pesise	?
W TRIBUTIN	SIGNIFICANT CONDING TO THE OEATH, BUT OISEASE OR CONDITION	NOT RELATE	D				
19A. DATE	OF OPERATION 1	Эв. MAJOR	FINDINGS OF OPER	ATION		20. AUTO	PSY7
21A. ACCI LYING CAUSE OF	DENT WAS UNDER- DR CONTRIBUTING		ACE OF INJURY (e. g., in erm, factory, street, office bldg., e		(If in Baltimore	City, give exact location	n)
210. TIME OF INJURY	(Month) (Day) (Year)		WHILE AT WORK AT WORK	ED 21F. HOW DID IN.	JURY OCCUR?		
22. I here		ended the	deceased from 2/	red at 6PM m. fro	3/30/5.	319, that I last s d on the date stated	
23A. SIGNA		Dar		753 Lea	ngest		SNED
24A. BURIAL, TION, REMOVAL (CREMA- 24B. DATE		24c, NAME OF CEMETE	RY OR CREMATORY 24	C. LOCATION (City	y, town, or county)	(State)
URTAL.	1./6/53	7.1	T. AUBURN C	ם איבו	ALTO, MD		
DATE RECEIVE	ED BY REGISTRAR	SIGNATU	REALA.	25. FUNERAL DIRECT	OR	ADDRESS	17
VDB C-		1	THE PERSON NAMED IN	ound. 4. 000	TENTOTE C.	ARROLLTON A	V •

VS 150

690 46 Charles & Wor



427 8397

1. NAME OF DECEASED

(Type or Print)

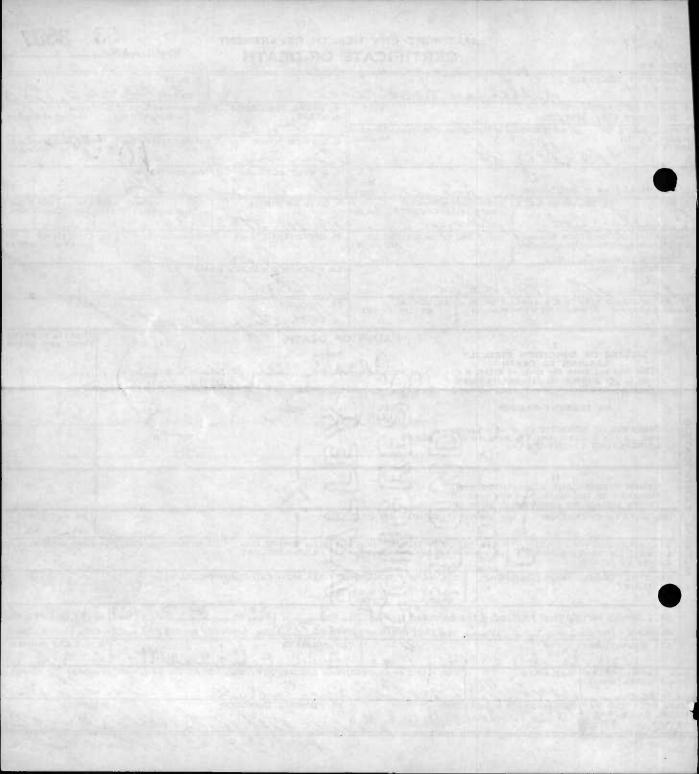
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3397 Registered No.

2. DATE

OF DEATH

3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Lagth of stay in Baltimore Days 7. SINGLE, MARRIED, WIROWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9 AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. 30 ingl 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work don'd during most of working life, even if retired) INDUSTRY WHAT COUNTRY? vnesle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 193 that I last saw the 1913, and that death occurred at 7:30 m., from the eauses and on the date stated above. deceased alive on (a) 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Z4D. LOCATION (City, town, or county) 1 Dures W Class DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAB VS 150



53 3398

1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3398 Registered No.

2. DATE

EMMA L. PAYNE	DEATH APRIL 5, 1953						
3. PLAGE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	or Maryland c. CITY OR TOWN (If outside corporate limit, whit works), and give						
3319 Echodale Avenue	Baltimore (ownship)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Day.	1 35 U MODOCIO A REPONSE						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours I hast birthday) Months; Days Hours Min.						
remale white married	Mar. 23,1881 72						
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTR							
at home	Germany						
	14. MOTHER'S MAIDEN NAME						
Ernest Domschke	Wilhelmina Hartung						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	Mr. Frank C. Payne, 3319 Echodale						
7 6-117	OF DEATH INTERVAL BETWEEN DISSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	loudor Heary disease 1.1,2						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	willy to cary accesse 1.1.43						
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSING IT.	TATION AND TO THE PROPERTY OF						
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY? YES ND						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg							
CAUSE OF DEATH							
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR INJURY WHILE AT NOT WHILE							
m. WORK AT WORK							
22. I hereby certify that I attended the deceased from 1							
deceased alive on 11, 1953, and that death occurred at 4 m., from the causes and on the date stated above							
23A. SIGNATURE Cars (Fisher M. D.	238. ADDRESS 3. 472 Belan Pd. 4/6/63						
24A. BURIAL, CREMA-1/24B. DATE 24C. NAME OF CEMET	TERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 4-8-53 Parkwood	Cemetery Baltimore, Maryland						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 PUNERAL DRECTOR ADDRESS						
LOCAL REGISTRAR Huntington Williams	Leonard J. Ruck, 5305 Harford Road						
VS 150							

Jacob Fisher 2 Belair Road 5134 -Be 7125

53 3399 BALTIMORE CITY HE CERTIFICATE						
NAME OF DECEASED (Type or Print) James H. Sacco	2. DATE OF DEATH April 5,1953					
8. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland					
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporat) limits write at RAL and give					
4704 Pilgrim Road	Baltimore township)					
Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Songth of stay in Baltimore Mos. Days	4704 Pilgrim Road					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours					
male white married (Specify)	July 16, 1896 last birthday) Months Days Hours Min.					
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
ork done during most of working life, even if retired) Nachinist Glenn L. Martin	WHAT COUNTRY?					
	Dunmore, Pennsylvania					
Frank Sacco AINTIMES (M)						
	Carmella Vitale					
(15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	en of Kight Kirdney 1 year					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 15 19 to the first of 19, that I last saw the deceased alive on 1953, and that death occurred at 1 m., from the causes and on the date stated above						
deceased alive off 6, 1953, and that death occur	red at/12 pm., from the eauses and on the date stated above.					
23A. SIGNATURE Gordy M. D. 5	106 Harfed Road 9-6-53					
24A. BURIAL. CREMA. 24B. DATE 24C. NAME OF CEMETE						
Burial 4-8-53 Mount Carme	l Cem Dunnore, Pennsylvania					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Leonard J. Ruck, 5305 Harford Road.					

544376

VS 150

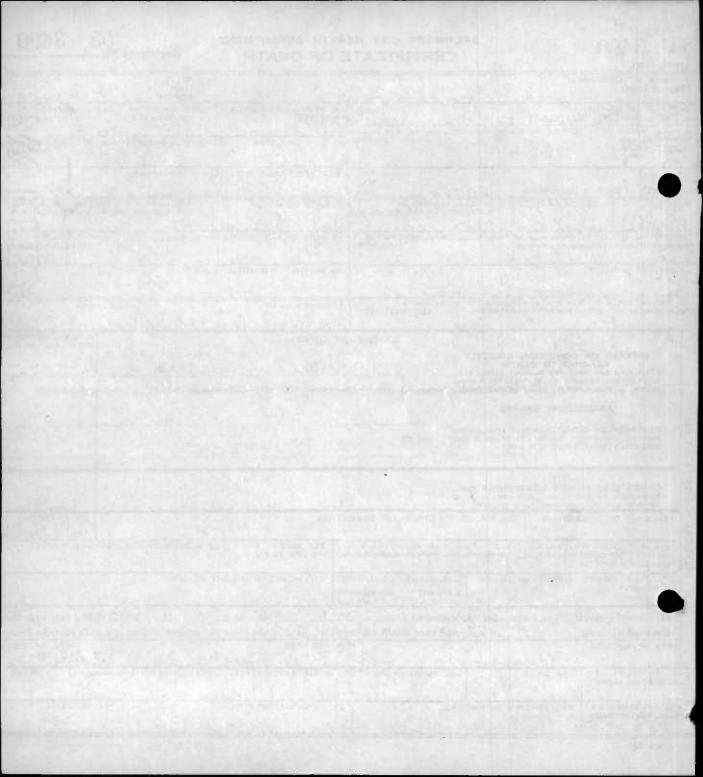
r. Gordy 106 Har ford Road

5	7-4
53	3400

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	2400
	00	3400
Registered	No	

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH QUOIL 4#61953
3. PLACE OF DEATH: a. Baltimore City, Maryland 1816 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) (If not in hospital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY C. CITY OR TOWN (If outside carporate limits, write RURAL and give township)
c. gth of stay in Baltimore (O) Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SHIGLE MARRIED, WILDOWED, DIWORGED (Specify) 10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 9. AGE (In years livinder I Year Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ABMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO	OF DEATH -Vesical Fistula 3 mos
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	YES NO
21a. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e	a or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 4, 1953, and that death occur	red at 12 Norm from the causes and on the date stated above.
6 Meulelia M.D.	38. ADDRESS Bentalon 3.0 DATE SIGNED 6-53
DATE RECEIVED BY REGISTRAR'S SIGNATURE	RY OR CREMATORY 24D. LOCATION (City, town, or country) (State) Belan Road 25. FUNERAL DIRECTOR ADDRESS
OCAL REGISTRAR B Huntington Walseyes M.	Leve J. levok 1701-03 No. Patterson Park
VS 150	With the second



BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE KREMER JOSEPH OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland 201 A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits Frite RURAL and rive INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years If Under I Year If Under 24 Hours Inst birthday) Months: Days Hours; Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givokind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR ETIRED WNER 13. FATHER'S NAME NKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. JUNE 18. OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (o. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, (arm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK

22. I hereby certify that I oftended the deceased from. , 19___, that I last saw the and that death occurred at deceased alive on. from the causes and on the date stated above. 23B. ADDRESS

23A, SIGNATUR

TION, REMOVAL (Specify)

24c. NAME OF CEMETERY

DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

Colonery Theo hasis. Heperston Ini Contio -

Charlet 2

4/11/29

1/14/23 4/8/2)

26012 HONNARDY 14

CCG_169179 BIRTUNO 3402

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3402 Registered No.

В	IRTH NO.	13041		OERTH TOAT	E OF BEATTI			
(']	NAME OF D Type or Print)	JOHN	Wi C tst	WITTSTADT.		2. DATE OF Apri:	1 3, 19	53
Α.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, In B. COUNTY		residence re admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4940 Eastern, Ave.,						outside corpolate limi	its, write KU	RAL and give township)
c.		tay in Baltimore	Li:	fe Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)		
	Male	6.COLOR OR RACE	Wildow	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 24, 1870	9. AGE (In years last birthday) M		If Under 24 Hours Hours Min.
OF	k donaduring most of	CUPATION (Give kind of of working life, even If retired)	FOR	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZI WHAT	EN OF COUNTRY
	B. FATHER'S N	Andrew		adt	14. MOTHER'S MAIDEN N. Cundigundo	AME		
15 Ye	s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN Baltimo Record: 4940 Es	ore City Host	DDRESS 1 tals	
HEICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA	F dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	e, .) DUE TO (B) and Rec	s OYA	o to Arteric ON APPROVED B	Y	
CER	TRIBUTING TO THE DI	IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D T		M. MEDICAL EXAMINER.	Uq	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDI							YES E	ocation)
				deceased from 4-	1- , 19 53 to 4 rred at 9, 350 m., from t	-3- , 19 <i>.</i> 5		
	23A. SIGNAT	tz Jul	- D.	. 2	38. ADDRESS	Balto, Md		TE SIGNED
TI.	4A. BURIAL, CON, REMOVAL (S BURIA ATE RECEIVED CAL REGIST	D BY REGISTRAR'S	-53.	SACRED H	EART CEM 140 25. FUNERAL DIRECTOR	GERMAN 901 5. C	HEL RO	MD. MS 57
3	VS 150	To be Ap	proved	by Medical Ex	aminers			

Stocks of the explana A RESIDENCE realist line of a bever be ad at 1520

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3403

B)4	ALH MOUNT)					
	NAME OF Dipe or Print)	1 (h.	C .			2. DATE OF	C 1953
	PLACE OF DI	Lyons, Dr. In EATH: Sity, Maryland	Ary Co	seline	4. USUAL RESIDENCE	(Where deceased lived, If	
B. i	FULL NAME		al or instituti	on, give street address or location)	C. CITY OR TOWN	Balto. (If cutside corporate limits	
IN	notre 1	Ame of Mary	944	701 D. Charles	Battimore	1-1-	township)
T)	101101	THINCO (THAT Y	7710	Yrs.		If rural, give location)	
c.	gth of st	tay in Baltimore	48	Mos. Days	4701 n.	Charles	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths: Days Hours Min.
	F	W		\$	nov. 16, 1876	77	2 days 110 days
10/	donoduring most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Relia	1025			Boston, Mas.		71.5.A
13.	FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME	
	W/1/	liam Lyon			Catherine	Whelton	
Yes,	mo or unknown)	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AI	DDRESS
					Si. Marie	Terpetua R.M.	4701 M. Chrles
	18. 3	31X.	N N L B	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		1	, , , , , ,		ORDET AND BEATH
	(This does	not mean the mode of	f dying, e. g	(A)	retral ffer	evortag.	
	heart failus	re, asthonia, etc. It mea complication which c	ns the disease aused death.	DUE TO	Tonas Sol	0	
		ANTECEDENT CAUS	FS			1	
z				(B) Car	long se	carores	
2	RISE TO TI	OR CONDITIONS, II	STATING TH	G E DUE TO			******
4	UNDERLY	ING CONDITION LA	ST.	(C)	under		
				(0)	3		
	OTHER S	II IGNIFICANT CONDI	TIONS CON				
	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
0				FINDINGS OF OPER	ATION		20, AUTOPSY?
A		4			<u></u>		YES NO
	LYING OF	ENT WAS UNDER-		CE OF INJURY (e. g., is arm, factory, stroot, office bldg., c		(If in Baltimore City, g	rive exact location)
Σ	CAUSE OF		(Wann) I	ALT IN HURY OCCURR	ED 21F, HOW DID INJU	IDV OCCUPA	
	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE		RY OCCUR?	
m. WORK AT WORK 22. I hereby certify that I attended the deceased from 4-10-28, 1953to 64, 1953that I last so							Auditor File
							Sthat I last saw the
deceased alive on affect, 19 5 3 and that death occurred at 12:53 Am., from the causes and on the date stated about							e date stated above.
	23A. SIGNA	URE	2	1 2	3B. ADDRESS	285 000	23C. DATE SIGNED
24	A BURIAL C	REMA- 24B. DATE	720	M. O. 24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town,	or county) (State)
TIO	A. BURIAL, CAN REMOVAL (S	AL 4-7-	-53	SISTERS	CEM. CH	AS.ST.+HOM	HELAND AVE
	TE RECEIVE		SSIGNATU	REMIALLA NY	25. FUNERAL DIRECTO	0 1 001	ADDRESS
	VIDA C	1012 June	7	*5	letrance .	Lesler	SICOMACIAC

262					
53 30 BIRTH NO.	404	BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	3404
1. NAME OF (Type or Print)		lone kaul	Kouras	2. DATE OF DEATH OR.	2-1953
3. PLACE OF A. Baltimore	DEATH: City, Maryland	Urc NOUI	4. USUAL RESIDENCE (W		titution: esidence before admission)
	E OF (If not in hospital or	institution, give street address or location)	Md.		
INSTITUTION	JOHNS HOPKIN		C. CITY OR TOWN, (If	outside corporate limits, w	township)
		Yrs. Mos.	D. STREET ADDRESS (1f	rural, give location)	
c. Bength of	stay in Baltimore	Days	1/4/ E 73 A	HIMORE BAGE UN VERS BUILD	er 1 Year If Under 24 Haurs
male		WIDOWED, DIVORCED (Specify)	12-27-94	last birthday) Month	
10A, USUAL C	CCUPATION (Give kind of 10st working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF WHAT COUNTRY?
13, FATHER'S	NOAME !!	eslaurant	14. MOTHER'S MAIDEN NA	AME	
mel	in Houkon	unes	(In lenge		
15. WAS DECEA	SED EVER IN U. S. ARMED FOR (If yes, give war or dates of ser	CES? 16. SOCIAL rvice) SECURITY NO.	17. INFORMANT	CINE HOSPITALADD	RESS
				KINS HOSPITAL	
18. 3	3 / X I		OF DEATH	, , ,	ONSET AND DEATH
(This do	LEADING TO DEATH es not mean the mode of dvi	ng. e. g Ween	orchage to	on Kigh	2days
injury o	lurc, asthenia, etc. It means the r complication which caused	de de la company	arol apti	Du	12
	ANTECEDENT CAUSES	Ne	nestone	an	done
O DISEAS RISE TO UNDER!	ES OR CONDITIONS, IF ANY	Y, GIVING		/	
UNDER	LYING CONDITION LAST.	(c)		·······	
F .	II				
OTHER TRIBUTIN	SIGNIFICANT CONDITION OF TO THE DEATH, BUT NOT DISEASE OR CONDITION CAU	RELATED			
19A DATE		AAJOR FINDINGS OF OPER	RATION		20. AUTOPSYT
21A. ACCI	DENT WAS UNDER- 2	1B. PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City, give	YES NO
LYING CAUSE OF	OR CONTRIBUTING abou	ut home, farm, factory, street, office bldg.,			exact location)
	DEATH		etc.) INJURY OCCUR?		exact location)
21D. TIME	(Month) (Day) (Year) (Hou	nr) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	exact location)
21b. TIME	(Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	/ 0 (0)	
21D. TIME INJURY	(Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE AT WORK AT WORK	21f. HOW DID INJURY	- 2-, 19 53 t	hat I last saw the
21b. TIME	(Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE AT WORK AT WORK Sed the deceased from 3-	21f. HOW DID INJURY 3/-, 1953to 4 rred at//30/m., from to	/- 2 - , 1953 t	hat I last saw the
22. I here deceased 23A. SIGN.	(Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE AT WORK AT WORK Sed the deceased from 3-	21f. HOW DID INJURY 21f. HOW DID INJURY 3/-, 1953to 4 23b. ADDRESS HOPKINS	-2-, 1953 the causes and on the HOSPITAL	hat I last saw the date stated above.
22. I here deceased	(Month) (Day) (Year) (Hou	while at Not while at work of the deceased from 3. 33. and that death occur	21f. HOW DID INJURY 21f. HOW DID INJURY 3/-, 1953to 4 23b. ADDRESS HOPKINS	/- 2 - , 1953 t	hat I last saw the date stated above.
22. I here deceased 23A. SIGN.	(Month) (Day) (Year) (Houry War) (Houry Wa	while at Not while at work of the deceased from 3. 33. and that death occur	21f. HOW DID INJURY 21f. HOW DID INJURY 3/-, 1953to 4 23b. ADDRESS HOPKINS	hc causes and on the hOSPITAL OCATION (City, town or Menay M	hat I last saw the date stated above.
22. I here deceased 23A. SIGN. 24A. PURIAL TION REMOVAL DATE RECEIV	(Month) (Day) (Year) (Houry War) (Houry Wa	while at Not while at work at	21F. HOW DID INJURY 31-,1953to 4 rred at 1/30 pm., from to 23B. ADDRESS HOPKINS RY OR CHEMATORY 240 L	hc causes and on the hOSPITAL OCATION (City, town or Menay M	hat I last saw the date stated above. 23c. DATE SIGNED county) (State)

the. DESCRIPTION OF STREET OF STREET

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

71	523						Service Control of
В	53 340	Ď	BA		EALTH DEPARTM	ENT Registered N	3405
	NAME OF DECE 'ype or Print)	Florenc	e I. F	night		2. DATE OF Apri	1 4, 1953
A.	PLACE OF DEAT Baltimore City	H: , Maryland			A. STATE	CE (Where deceased lived, If i	nstitution: residence before admission)
III LI	FULL NAME OF OSPITAL OR ISTITUTION 228			tion, give street address o location		(If outside corporate limits	write RURAL and give township)
C.		in Baltimore		Yrs. Mos. Days	228 Warn	(If rural, give location) ren Ave.	
	F	W	Sing	E, MARRIED. VED, DIVORCED (Specif)	8. DATE OF BIRTH 2/16/1875	last birthday) Mor	Under 1 Year Under 24 Hours nths Days Hours Min.
WOL	A. USUAL OCCUPATION OF THE CONTROL O	king life, even if retired) Pator		of BUSINESS OR INDUSTRICE	Baltimore 14. MOTHER'S MAID	, Md.	12. CITIZEN OF WHAT COUNTRY?
	John J.	Knight			Mary Was		
(Ye	. WAS DECEASED E	VER IN U.S. ARMEI If yos, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. A. J.	Morgan Norfo	olk, Va.
CERTIFICATION	(This does not heart failure, a injury or com ANT DISEASES OF RISE TO THE A	DR CONDITION ADING TO DEA' mean the mode of sthenia, etc. It mea plication which of ECCEDENT CAUS CONDITIONS, II BOVE CAUSE (A)	TH of dying, e. on ns the disease aused death SES F ANY, GIVING STATING TH	Chaned (A) DUE TO (B)	arterios des	sis generalizad	INTERVAL BETWEEN ONSET AND DEATH 10 gr ± 15 gr +
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CAL	19A. DATE OF O	PERATION 0 1		FINDINGS OF OPE			20. AUTOPSY7
MEDIC	21A. ACCIDENT LYING OR CO CAUSE OF DEA	NTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?		ive exact location)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK					NJURY OCCUR?	
	22. I hereby co deceased alive 23A. SIGNATUR	on 4-3-53			1950, 19, 19 rred at 3:3 p m., fr 238. ADDRESS	to gent 4, 1953 row the causes and on th	that I last saw the e date stated above. 23C. DATE SIGNED
2. TI	AA. BURIAL, CREA ON, REMOVAL (Speci Burial	1A- 248. DAPE (y) 4/7/5	3	24c. NAME OF CEMET		4d. LOCATION (City, town,	
	ATE RECEIVED B	Y REGISTRAR'		Loudon Pa	25. FUNERAL DIREC	Frederick Av	ADDRESS

R. V. Rougle 642 Wash Blod Se 460

3878 St Paul St Be 8409

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3406

	0 -			CERTIFICAT	E OF DEATH	Registered N	0
=	RTH NO.						
	NAME OF D Type or Print)		eph Her	nry Poats		2. DATE OF DEATHAPTIL	5.1953
	PLACE OF D	EATH:			4. USUAL RESIDENCE	here deceased lived, If i	institution : residence
		City, Maryland	4-1		A. STATE Maryland	B. COUNTY	before admission)
	FULL NAME OSPITAL OR	OF (11 not in hospi	ital or instituti	ion, give street address or location)			, write RURAL and give
11	STITUTION	602 Winans	Way		Baltimor	C 1 Cont	(write RORA Land give
				Yrs.	O. STREET ADDRESS (If	rural, give location)	
C.	gth of s	tay in Baltimore	50 Yrs	Mos. Days	602 Winans W	ay	
5.	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (in years	Under 1 Year II Under 24 Hours
	Male	White	Man	ried (Specify)	April 2,1876	77	nths Days Hours Min.
MOL	A. USUAL OC	CUPATION (Give kind of working life, even if retired	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
		ce Salesma			Virginia		WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
		P	oats		Unknown		
15	5. WAS DECEAS	ED EVER IN U. S. ARME		16. SOCIAL			
(Ye	s, no or unknown)	(If yee, give war or dat	es of service)	SECURITY NO.	17. INFORMANT		DDRESS
_					Mrs Ola Poats,	602 Winans	Way
	18. 4	v2.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		0 - 1	-0		OHOLY AND BLANK
	(This does	LEADING TO DE	ATH of dving, e. s	ral Thrombosi	0	2 mps	
	heart failt	are, asthenia, etc. It me complication which	ans the diseas	e,			"
П	inguity of			marke	& arterioscleratio	cardio - vase	ular 3
-	ANTECEDENT CAUSES				1		gears
ó	DISEASE	S OR CONDITIONS,	IF ANY, GIVIN	(B)		***************************************	·
E	RISE TO	THE ABOVE CAUSE (A) STATING TH				
RTIFICATION	ONDERLE	into constition t	-2011				
旦		11		(C)			
R	OTHER S	SIGNIFICANT CONT	DITIONS CON	٧.			
H		G TO THE OEATH, BUT					
۲.				FINDINGS OF OPER	ATION		20, AUTOPSY?
Ā		0					YES NO
9	21A. ACCIDI	ENT. SUICIDE.	218. PLA	ACE OF INJURY (e. g., i	or 21c. WHERE DID (I	f in Baltimore City, g	
8	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
Σ	210 TIME	(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	/ OCCUR?	
	OF INJURY	(Mionili) (Day) (lear		WHILE AT NOT WHILE		OCCON!	
			m.	WORK AT WORK			
	22. I herel	y certify that I at	ttended the	deceased from 24	red at 1.05 pm., from to	5 april , 1953	that I last saw the
	deceased a	live on 4 agesi	2.1953	and that death occur	red at 1.03 Pm., from to	he causes and on th	e date stated above.
	23A. SIGNA	TURE ,	~		3B. ADDRESS		23c. DATE SIGNED
	Cmil	N. Hen	nuig	A M. O. 6	101 Winano 4	day	6 april 53
2	4A. BURIAL.	CREMA- 24B. DATE	(/ 1:	C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
11	Buria	9 1	705%	V	rk, Mausoleum W		
D	ATE RECEIVE		S SIGNATU		25. FUNERAL DIRECTOR	A /	ADDRESS
-1		RADES	with !	Mariana MA	J. J	A101 Edmor	ndson Ave.
_	ner ar I	16681	7	Charles of the Charles	arm 1. Muldy	Co - Lamos	TOTA OIT WAR
	110 150		W				

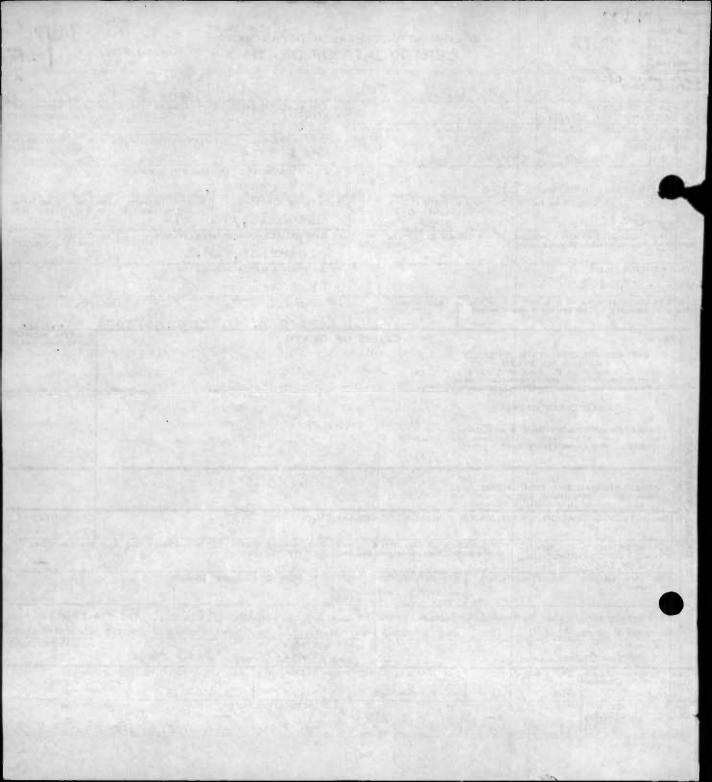
. NAT CARLES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3407

Registered No.

1. NAME OF DECEASED (Type or Print) ROSE MOOR	LE		DEATH	5,1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instituti	ion give at a dia	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
HOSPITAL OR INSTITUTION	location)		outside corporate limits,	write RURAL and give township)	
South phrimoke nemerat	Yrs.	D. STREET ADDRESS (If	rural, give location)	00	
gth of stay in Baltimore Life	Mos. Days	41 Barney St			
SEX 6. COLOR OR RACE 7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Un	der 1 Year If Under 24 Hours	
FEMALE WHITE WIDO		March 18,/74	79	hs Days Hours Min.	
IOA. USUAL OCCUPATION (Give kind of 10B. KIND work done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?	
None	in book.	Frederick, M	d.	WINT COOK	
13. FATHER'S NAME	811-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	14. MOTHER'S MAIDEN NA	AME		
Burrier		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS	
(SECORITY NO.	Charles H. Bur	rier.Harwoo	d Pk. Md.	
18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	CORONAR	4 OCCLUSION W	ITH MYDCAR.	ONSE! AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e. g	DIAL	INFARCTION			
heart failure, asthenia, etc. It means the disease injury or complication which caused death.	e,				
		mandarde Arena			
ANTECEDENT CAUSES		TENSIVE ARTERIO	2 CTE 100 LIC		
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH		teax duease	1 0000000000000000000000000000000000000	***************************************	
UNDERLYING CONDITION LAST.	ie bue to				
	(C)		***************************************	*** ***********************************	
E 11					
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATE					
O THE DISEASE OR CONDITION CAUSING IT		ATION		20. AUTOPSY?	
10 0	FINDINGS OF OPER	ATION		YES NO	
21A. ACCIDENT WAS UNDER- 21B. PLA	ACE OF INJURY (e. g., in	n or 21c, WHERE DID (I	f in Baltimore City, giv		
LYING OR CONTRIBUTING ebout bome, f	arm, factory, street, office bldg., e				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		OCCUR?		
m.	WHILE AT NOT WHILE				
22. I hereby certify that I attended the	deceased from AP	RIL 5 1953 to 1	APRIL 5 1953	that I last saw the	
deceased alive on APPIL 5, 1953.					
23A. SIGNATURE		38. ADDRESS		23c. DATE SIGNED	
Willoway	м. р.	outh Baltimore	Deal Hosp		
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 249 L	DCATION (City, town, or	r county) (State)	
Durial Gpr. 8/53.	houdon	, UR. 19	alto. or	The second	
DATE RECEIVED BY REGISTRAR'S SIGNATU	IRE MO	35 FUNERAL DIRECTOR	1 0 '	ADDRESS	
APR 7- 1953 Ht + touton 1	Ellama, My	tarm & with	e MIDI GAM	ondson	
VS 150		1		Clean	



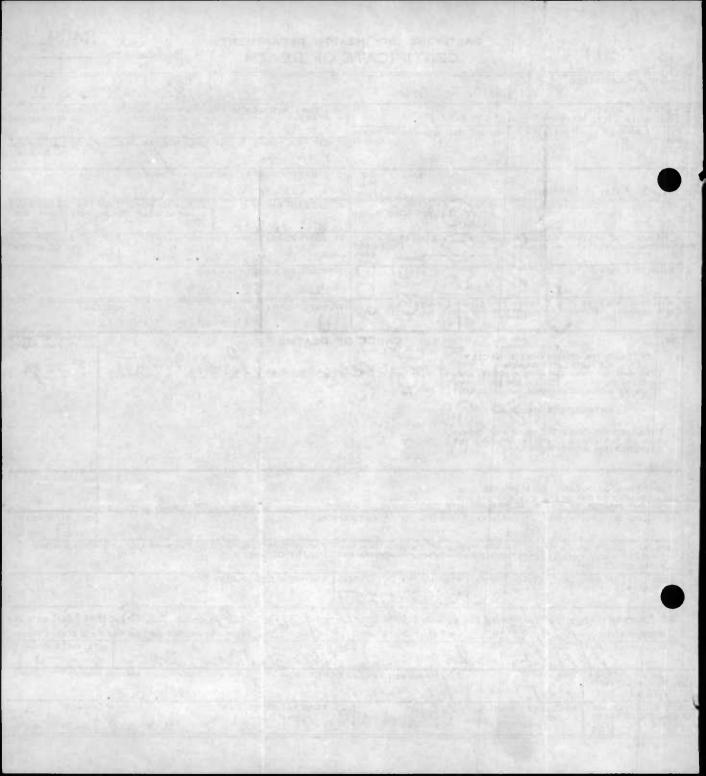
BALTIMORE CITY HEALTH DEPARTMENT

	IRTH NO.	(UC)		CERTIFICATI	OF DEATH	Regi	stered No.	
	NAME OF D		KHARD	ARMSTRON		2. DATE OF DEATH	ARR.	4,1953
А. В. Н	FULL NAME	City, Maryland	tal or institution	on, give street address or location)	4. USUAL RESIDENT A. STATE MARYLAND C. CITY OR TOWN	CE (Where decease B. Co.	HIVE LOCALIST	itution: residence before admission)
	UNION	MEMORIAL	HOS	PITAL	13 ALTI MO			township)
C.		tay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS	COL LING	ROAD	5351
	SEX F	6. COLOR OR RACE	harre		bec 11, 19	00 52		Days Hours Min.
Worl	done during most of		10	OF BUSINESS OR INDUSTRY	PENNSY1		1) 12	CITIZEN OF WHAT COUNTRY?
	OTTO	BURKHAI			FLORA			
15 (Ye	s, nn nr nnknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	HARRY D. A	RM STRONG	ADDI	SAME
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) Generalized Petechea					heal	I G Mos.	
AL C		OF OPERATION		FINDINGS OF OPER				20. AUTOPSY?
MEDICAL	HOMICIDE	ENT. SUICIDE, (Specify)	about hume, fa	CE OF INJURY (e. g., in rm, factory, street, uffice bldg., s	tc.) INJURY OCCUR?		re City, give	exact location)
	OF INJURY	(Month) (Day) (Year	w	HILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID IN	NJURY OCCUR?		
	deceased at	live on Apr. 4	_, 19. 5 3 . a	O A 2	red at 3 , 19 5 3; red at 3 , m., fa	to Apr. 4 rom the causes a	end on the	hat I last saw the late stated above. 3c. DATE SIGNED
¥	BURIAL, ON REMOVAL (S	lapr.	7/53.	Laukor		Settin	ou.	ODRESS
	OCAL REGIST		A ton	110-20	Lovy A his	the 4	ol Eds	uondsox
	VS 150		0		0	0		aus.

CONTRACTOR DESCRIPTION OF THE PARTY OF THE P

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

-	36	5					
BIF	34 NO. 34	109	BAI	CERTIFICAT	EALTH DEPARTME	Registered No.	3409
1.	1. NAME OF DECEASED (Type or Print) Elizabeth B. Sothoron 2. DATE OF DEATH April 4, 1953						1. 4, 1953
3. I	PLACE OF D Baltimore (City, Maryland P			A. STATE	CE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
НО	FULL NAME SPITAL OR STITUTION			tion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give township)
1	0.	1514 Par	k Avenu	30 Yrs.	Baltimore D. STREET ADDRESS	(If rural, give location)	0/
		tay in Baltimore	574	Mos. Days	1514 Park A	venue	
	emale	6. COLOR OR RACE White		E. MARRIED. VED, DIVORCED (Specify) Wed	Oct. 9,	last birthday) Mon	nder Year ths Days If Under 24 Hours Hours Min.
10A work	done during most o	CUPATION (Give kind of working life, even if retired)	IOB. KIND	O OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	NAME			Prince Geor		D. C. M.
		Dr. Joh	n Dare		Priscilla M		
15. (Yes,	WAS DECEASE no or unknown)	ED EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
					John H. Sot	horon La Grange 1	Lane
ERTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) YING CONDITION LA	ns the disease aused death seased death seased feath seas	(B)		John Uteru	
O .	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER				ATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., i	21c. WHERE DID	(If in Baltimore City, gi	YES NO We exact location)
2	21D. TIME ((Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK AT WORK	ED 21F, HOW DID IN	JURY OCCUR?	
-	22. I hereb		-	and that death occur	red at 5 m., fr. 3B. ADDRESS	offiel 4, 1950, on the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
24. TIO	A. BURIAL C N. REMOVAL (S Burial	REMA- 24B. DATE 4/7/53		Rock Creek		Washington, D. C	
DATE RECEIVED BY REGISTRAR'S SIGNATURE					6. W. Mea		Calvett St
	VS 150		4.0				



) - I	B-169200	410	BAI			EALTH DEPARTMEN E OF DEATH	NT 53 Registered N	34	30
1. (T	NAME OF D ype or Print)	ECEASED	Hanne	n Dod	id "Han	non O.Dodd"	2. DATE OF DEATH APPI	1 3,	1953
A.	PLACE OF D Baltimore (City, Maryland	al or institut	ion give st	reat address or	A. STATE	(Where deceased lived, If i		residence ore admission)
H	SPITAL OR ISTITUTION	Baltimore Ci-	ty Hosm		location)		(If outside corporate limits	write RU	RAL and give township)
c.	egth of s	tay in Baltimore	30	yrs.	Yrs. Mos. Days	o. STREET ADDRESS	(If rural, give location) Pulaski St. zone	23	
5.	SEX M	6. COLOR OR RACE	7. SINGLE WIDOW Marr	ED, DIVO	ED, RCED (Specify)	8. DATE OF BIRTH Dec. 21-1889	9. AGE (In years II last birthday) Mon	Inder 1 Year ths Days	If Under 24 Hours Hours Min.
work	done during most	CUPATION (Give kind of of working life, even if retired) her		of Bus	INESS OR INDUSTRY Can Co	11. BIRTHPLACE (State of Virginia	or foreign country)	USA	EN OF COUNTRY?
13	. FATHER'S	Joseph I			(Dec.	14. MOTHER'S MAIDEN Molly Coff			WS.
15 (Yes	No or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date **********	of service)		URITY NO.	17. INFORMANT Records:Baltim	nore City Hospit	DRESS	
ERTIFICATION	(This does heart failt injury or DISEASE: RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	TH If dying, e. 1 Ins the diseas aused death SES F ANY, GIVIN STATING TH	e, i.) DUE (B) то	OF DEATH arcinoma Of Eso	phagus		AND OEATH
ERTIF	TRIBUTING	II SIGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
SAL C	The second second				GS OF OPER	RATION		20. A	AUTOPSY?
IEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH			NJURY (e. g., i street, office bidg.,		(If in Baltimore City, g	ve exact	location)
Σ	OF INJURY	(Month) (Day) (Year)	m.	WHILE AT WORK	NOT WHILE				
	22. I hereb deceased a		ended the , 19.53,	deceased and that	death occu	7 19 53 to 1	4-3-, 19 53 m the causes and on th	e date st	ast saw the ated above.
DI	Burial, on, removal (S Burial ATE RECEIVE DCAL REGIST	CREMA- Bpecify) Apr. 7:1	1953	Mt.	M. D. E OF CEMETE	4940 Eastern Av	Baltimore Ma	. 4-	3-1953 (State)

VS 150

57130

F.B. Wippert & Son 1300 Eutaw Pl.17

52	- O	4-16-6-6-52					
D. O. A. No Number. 53 3411 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.							
1. NAME O (Type or Pri	DECEASED MARY AT	in Jones	2. DATE OF DEATH	53			
	e City, Maryland		4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution: residence before admission)			
B. FULL NA HOSPITAL INSTITUTIO	DR Baltires	oital or institution, give street address or City Hospitals location)		its, write RURAL and give township)			
e hgth	of stay in Baltimore	Yrs. Mos. Days	7824 Sheppard Ave14	5300			
5. SEX Female	6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	1202.1000	if Under 1 Year If Under 24 Heurs In the Index I Min.			
work done during	OCCUPATION (Give kind most of working life, even if retire SEWIFE	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LITHURWIA	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER	OHNMI	luski	14. MOTHER'S MAIDEN NAME UN KNOWN				
15. WAS DEC	EASED EVER IN U. S. ARM	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records, 4940 East	ADDRESS ern Ave.			
(This heart injury	EASE OR CONDITION LEADING TO DE does not mean the mode ailure, asthenia, etc. It m or complication which ANTECEDENT CAU SES OR CONDITIONS, O THE ABOVE CAUSE (A RLYING CONDITION)	I DIRECTLY ATH of dying, e.g., cans the disease, caused death.) JSES (B) (B)	of DEATH al Hemorrhage	ONSET AND DEATH			
OTHE TRIBU	II R SIGNIFICANT CONI FING TO THE DEATH, BU E DISEASE OR CONDITION	T NOT RELATED	· · · · · · · · · · · · · · · · · · ·				
19A. DAT	E OF OPERATION	198. MAJOR FINDINGS OF OPER		20, AUTOPSY?			
LYINGE CAUSE	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, nffice bldg., etc.) About home, farm, factory, atreet, nffice bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., ln nr ln						
21D. TIM	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Th. WHILE AT NOT WHILE AT WORK AT WORK						
decease	22. I hereby certify that I attended the deceased from April 5 1953, to April 5 , 1953 that I last saw the deceased alive on April 5 , 1953, and that death occurred at 4.10 m., from the causes and on the date stated above.						
23A. SIG	NATURE HT IS I	M. O.	4940 Eastern Ave.	23c. DATE SIGNED			
TION REMOV	L (Specify)	53 24C. NAME OF CEMETE	244 1 721 7-1	n Md			
DATE RECE		R'S SIGNATURE	25. FUNERAL DIRECTOR & Blich	ADDRESS			

DATE RECEIVED BY

CHIEF OF 1857, WEDICAL EXAMINER

ret and their Acres

MANAGE STOR

The state of the s

	53 3412 BALTIMORE CITY HEALTH DEPARTMENT 53 3412 CERTIFICATE OF DEATH Registered No.							
	RTH NO.							
	NAME OF Domesting (Print)		NK RICH	MOND		OF April	6, 1953	
A.		City, Maryland	-1 : 414		4. USUAL RESIDENCE (WA. STATE	Where deceased lived. If ins B. COUNTY	titution : residence before admission)	
HO	STITUTION	U.S. Public Hospi	Health tal	sion, give street address or Service location)		outside corres ate limits, v	vrite RURAL and give township)	
	dyman Pk	prive & 31 s	t stre	et Yrs.	D. STREET ADDRESS (If		/	
		tay in Baltimore		60 Mos.	1838 Harf	ord Avenue	,	
5.	SEX M	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED, VED, DIVORCED (Specify) Married	2/16/86	9. AGE (In years If Unit last birthday) Month	er I Year If Under 24 Hours ns: Days Hours Min.	
10.	. USUAL OC	CUPATION (Give kind of	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo		CITIZEN OF	
	FOCET	of working life, even if retired)	Self e	INDUSTRY	Russia		WHAT COUNTRY	
	FATHER'S	NAME	Date C	in Loyed	14. MOTHER'S MAIDEN NA	AME		
	Josep	h Richmond			Jeanette	?		
15 (Yes	WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS	
,	Yes	WW I- USN		SECURITY NO.	Records- US PH	S Hospital, Ba	l to, Md.	
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT a not mean the mode of the complication which complication with the above cause (A) (ING CONDITION LA) SIGNIFICANT CONDITION TO THE DEATH, BUT SIGNIFICANT CONDITION WHICH CONDITION WITH CONDITION WHICH	TH f dying, e. ; ns the diseas aused death ES F ANY, GIVIN STATING TI ST. TIONS CD! NOT RELATI	Diffus (A) determine (B) Cirrhos (C)	of DEATH e carcinomatosis- ined on gross examines sis of liver	-	8 wks. (history)	
U				FINDINGS OF OPER	ATION		20. AUTOPSY?	
Į.							YES X NO	
MEDICAL	LYING O	PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e 21e. INJURY OCCURRI WORK AT ONT WHILE WORK AT WORK	etc.) INJURY OCCUR?	If in Baltimore City, give	exact location)	
	22. I hereb	y certify that I att	ended the	deceased from Ap	r. 1 ,153, to A	pr. 6 153	hat I last saw the	
22. I hereby certify that I attended the deceased from Apr. 1, 193, to Apr. 0, 193, that I last said deceased alive on Apr. 6, 1953, and that death occurred at 5.55Am., from the causes and on the date stated a						date stated above.		
23a. SIGNATURE 23c. DATE SIGNI							23c. DATE SIGNED	
24	D.W. Patrick, Merical Officer in Charge. US PHS Hospital, Balto, Md. 4/6/53							
144. BURIAL, CREMA- 24B. DATE THE								
DA LO	LOCAL REGISTRAR'S SIGNATURE AUGRESS LOCAL REGISTRAR'S SIGNATURE AUGRESS LOCAL REGISTRAR LOCAL REGISTRAR'S SIGNATURE AUGRESS LOCAL REGISTRAR'S AUGRESS LOCAL REGIST							
VS 150 9906A								

ANGINE OF A PRODUCTION DEPARTMENT.

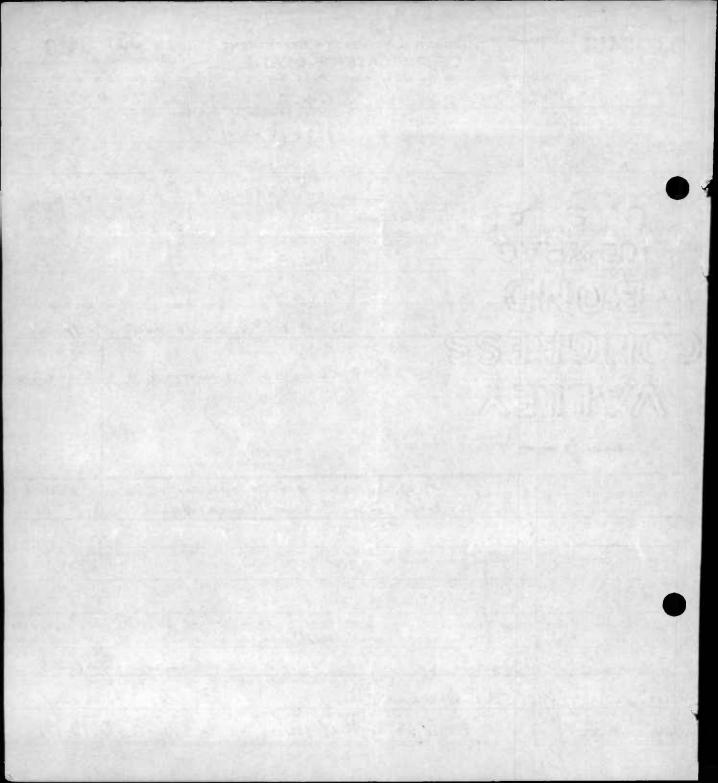
1		
	wally to the Arany	
	The state of the s	r - kai sa ma' noti addam (s. 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	g us emal.	aroutail a prote
		Den Spirit and Control of the Contro

3-1656

BALTIMORE CITY HEALTH DEPARTMENT

53 3413 Registered No.

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) Mrs Brenner.	Lena 2. DATE OF DEATH 4-6-53						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MaryLAND						
INSTITUTION EVINCIALE	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
Yrs.	D. STREET ADDRESS (If rural, give Jocation)						
c. Ength of stay in Baltimore 62 Mos.	GREENSPRING + BELVEGERE AU						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WITE WICOW	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months: Days Hours Min.						
10A. USUAL OCCUPATION (Give kiedel 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
work done during most of working life, even if retired) NONE	RUSS19 WHAT COUNTRY						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
VELVA MENDEL	Mary						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or onknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	David M. BRENNER- 3407 WoodBROOK						
18. 491x and 260x CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and a Hi						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	achopheumona 7 days						
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
O DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
(c)							
Husente	usive Cardio vescul diseas) years						
TRIBUTING TO THE OEATH, BUT NOT RELATED							
	ATION 120. AUCH. A TECRITARION 120. AUTOPSY?						
O TAIL	YES NO						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.e	o or 21C. WHERE DID (If in Baltimore City, give exact location)						
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE MORK AT WORK							
	11 2 1 = 11 = 2						
deceased alive on 4-6, 1953, and that death occur	rred at 1205 6 m., from the causes and on the date stated above.						
	3B. ADDRESS 23C. DATE SIGNED						
24a BURIAL, CREMA- 20B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)						
TION REMOVAL (Specify) 4/8/1953 Herring ()	Pen Babb - Mcd						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
10CAL REGISTRAR Tuntington Visitation My	tack Lewis Inc 2100 Euteur PL						
VS 150							

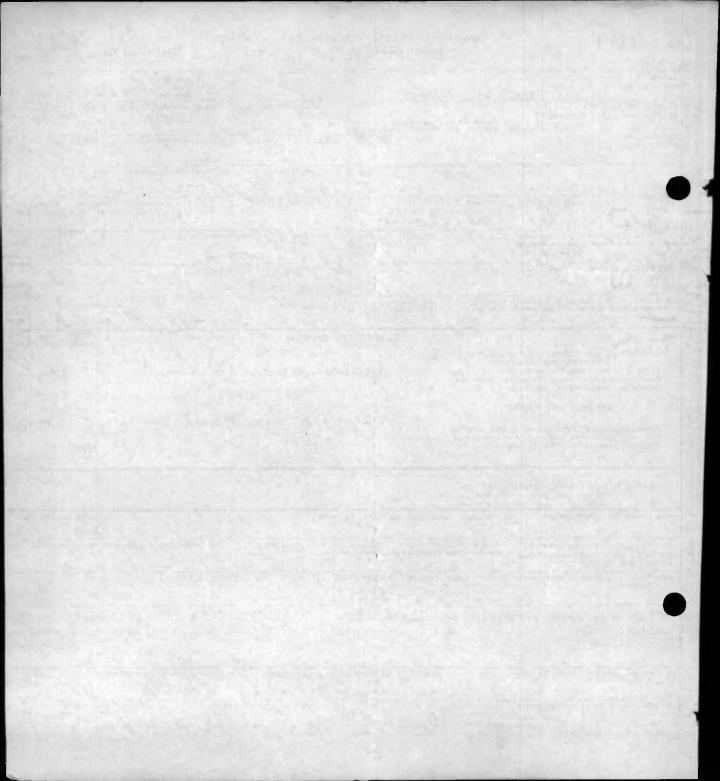


5	32
53	3414
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

53 3414 Registered No.

BIRTH NO.							
1. NAME OF DECEASED	2. DATE						
(Type or Print) REBECCa Landsman	OF DEATH 4/6/53						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
INSTITUTION	Boll township)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
ngth of stay in Baltimore	1803 Ho Mouroe St						
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years 1 Under 1 Year 1 Under 24 Hours Months Days Hours Min.						
CANAGE OF THE PARTY OF THE PART	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
10A. USUAL OCCUPATION (Givehind of work force during most of working life, even if fetired) INDUSTRY	Voland WHAT COUNTRY						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Hamuel	Garah						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO.	17 NFORMANT ADDRESS						
	Lot Miller - 198 W. Franklin						
18. 4 70.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
	2 provocales / Lesident 6 days						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
(B) Interesclente Heart Descare 50							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?						
	YES NO L						
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.							
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?						
OF INJURY m. WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 4/3, 1953, to 4/6, 19. 3 that I last saw the							
deceased alive on 4/5/52, 19 and that death occur	urred at 4: 5 Am., from the causes and on the date stated above						
	23B. ADDRESS 23G. DATE SIGNED						
Julius Dieter M.O.	Sever Horsteld 4/6/13						
240/ BURINL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
Durial 4-8-10 United	rebrew Hallo Ma						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	TO FUNERAL DIRECTOR						
ADD 7 1943 Thuntington Mittigues, My	JULK Jewro Me 2100 Deilow 12						
VS 150							

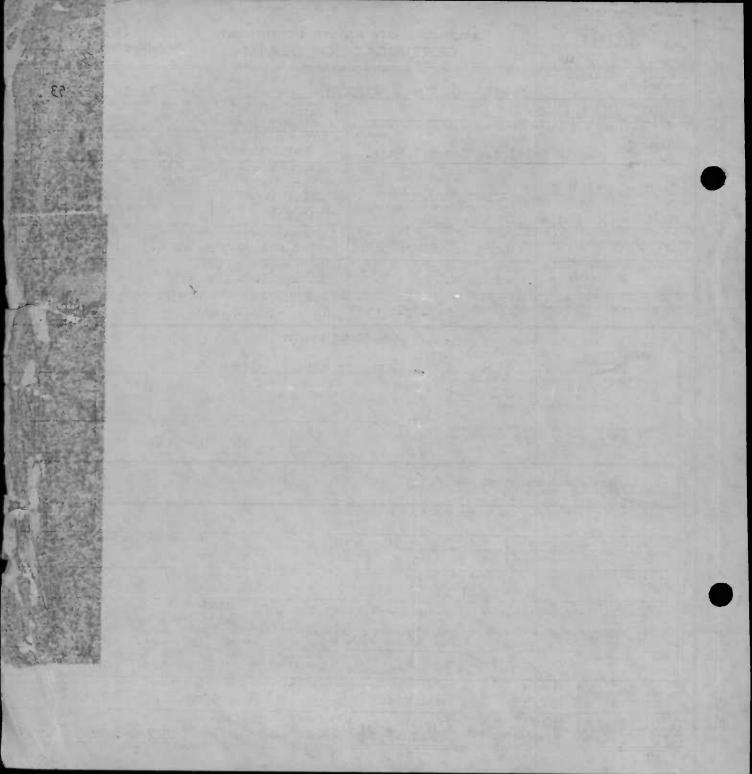


-325	F2 0.4.
53 3415 Res. CERTIFICATE OF D	- 10 miles
(Type or Print) William Earl Kitchen	2. DATE OF APR 6 - 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or JOHNS HOPKINS HOSPITAL location)	R TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF	
	2-5-3 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kied of work done doring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	R'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORM	MANORINS HOSPITABRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MAISOTHAS TICOTIACORESS
18. 754.4 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Confunded (This does not mean the mode of dying, e.g., (A)	heart deseare and
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Menengeles
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. Wh	YES NO V
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreot, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or INJURY about home, farm, factory, atreot, office bidg., etc.)	HERE DID (If in Baltimore City, give exact location)
2 ID. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 1F. HO	OW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-1-	, 1953 to 4-6- , 1953 that I last saw the
deccased alive on 4-6-, 1953, and that death occurred at 130	Am., from the causes and on the date stated above.
23A. SIGNATURE CONTROL	SHOPKING INC. 123C. DATE SIGNED
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMA	ATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125, FUNER.	AL DIRECTOR JUNE ADDRESS
LOGAL REGISTRAR SIGNATURE Williams Williams	book June. 1217 St. Poul St.
VS 150	the state of the s

100 the standard and the

-	7
,YL	correct age is especial
M	1
	E
	7
	r
	4
. 3	R
PL.	5
-	C
7-7	6
2	G.
3	ľ
0.3	UF.
WRITE	9
	C
	Ø.
S	4
d	0
[2]	9
PLEASE	2
	C
1	U

53 3416 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.							
BIRTH NO.							
	NAME OF DECEASED ype or Print) ONNIE CARDUE FAIRO	2. DATE OF DEATH Annil 1	1052				
3.	PLACE OF DEATH: Baltimore City, Maryland	CLOTH DEATH APTIL 4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	titution: residence before admission)				
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland					
	South Baltimore General Hosp.	Baltimore 4-0	write RURAL and give township)				
1	Length of stay in Baltimore Yrs. Days		The state of the				
5.	Male 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		dar 1 Year H Under 24 Hours ha: Days Hours Min.				
worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired) Lord Baltimore Hotel		2. CITIZEN OF WHAT COUNTRY?				
13	.FATHER'S NAME William J. Faircloth	14. MOTHER'S MAIDEN NAME Lillie S. Guy					
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) 237-20-30-3	17. INFORMANT ADD	PRESSULING OF				
CATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPS				
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., about bome, farm, fectory, street, office bldg.,		e, exact location)				
Z	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK						
	22. I certify that I took charge of the remains described	above, held an autopsy	thereon and from				
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the S A, accident , suicide , homicide , unc	letermined L.				
	23A. SIGNATURE Bother.	23B. CHIEF MEDICAL EXAMINER 23C. ASSISTANT MEDICAL EXAMINER Ap. MEDICAL INVESTIGATOR Ap.	ril 1, 1953				
Z. Ti	AA. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETE 24c. NAME OF CEME	Burlington, No.	orth Carolina				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE		Paul Street				
V	S 151	R	V				



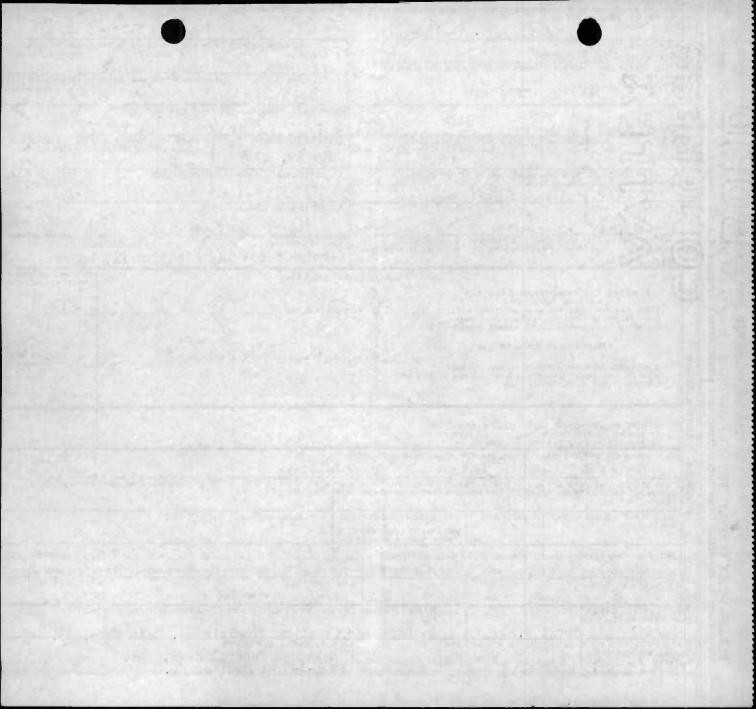
4-9-53 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Marie OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. bength of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (82441) 6. COLOR OR RACE 8. DATE OF BIRTH-17-18 Oast birthday) Months; Days Hours; Min. Single 6-3 62 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY rork done during most of working life, even if retired) WHAT COUNTRY? 01 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN CA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 470 1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 22. I hereby certify that I attended the deceased from Colly 27, 1952 to 4-5-___, 19 55 that I last saw the deceased alive on 3-3/ 19 5 and that death occurred at 4 . T.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATOR) Balto. Md. Durial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR martinglow VS 150

BALTIMORE CITY HEALTH DEPARTMENT FVJ 168743 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE April 6, 1953 Marie Monton DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL ORBaltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 512 Orkney Road c. beigth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Female Whi ta Dec. 3, 1881 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF 10B. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) Maryland own home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Schmidt (decease) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) SECURITY NO. B. C. H. 19 40 Eastern Ave. (records) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., Arteriolosclerotic Cardiovascular OUE TO Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Arteriolosclerotic Nephrosclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Coronary Sclerosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 3 - 16- , 1953, to 4 - 6 - , 1953, that I last saw the 22. I hereby certify that I attended the deceased from___ 19 53, and that death occurred at 1:302m., from the causes and on the date stated above. deceased alive on 4-6-4-6-53 23B. ADDRESS 4940 Eastern venue 23A, SIGNATURE 24C. NAME of CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Baltimore, Baltimore Cemetery Maryland burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1217 St. Paul Street VS 150

. A DESCRIPTION OF THE RESERVE OF THE PROPERTY O

- -	1. (T:	NAME OF DECEMBED PRINT P	A. Linthicum 5	3-3419	2. DATE 4/5	-/5-3	
supplied.		PLACE OF DEATH. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, If :	institution : residence before admission)	
[ns	В.	FULL NAME OF (If not in hospital or in	nstitution, give street address or location)	Maryland c. CITY OR TOWN	(If outside terporate limits	s. write RIPAL and give	
fully y.	IN	STITUTION Hercy Hospil	421	Baltimore	27-	townshlp)	
care	c.	Length of stay in Baltimore	life Yrs. Mos. Days	0	(If rural, give location)	# 14	
on should be carefully clearly and legibly.	5.	SEX 6. COLOR OR RACE 7. SI	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	July 19, 1906	9. AGE (In years line) last birthday) Mo	Under 1 Year H Under 24 Hours nths Days Hours Min.	
0	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?	
atic	13	FATHER'S NAME		14. MOTHER'S MAIDEN	lenn		
DIN nfor of d	15	. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL	17. INFORMANT		DDRESS	
BINDING of inform uses of dea	(x e	, no or unknown) (If yes, give wer or dates of serv	SECURITY NO.	Carolyn Smrha I	inthicum, wife	, above	
		18. /93×	CAUSE	OF DEATH		INTERVAL BETWEEN	
FOR I		DISEASE OR CONDITION DIRECT				2 muh	
Every write t		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	***************************************	00 ***** \$ 600 **		
2		ANTECEDENT CAUSES	Ш		1	1 4	
RESERVED INK. Ever please write	N O	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Shabhartona - Hangus front 6 months					
G. P.	ATI	RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.					
GIN	RTIFIC		(C)	***************************************			
MARGIN UNFADING Physicians: 1	CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUSE	RELATED				
н.			AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
WITH rtant.	EDICAL	21A. ACCIDENT WAS UNDER: 21	B. PLACE OF INJURY (o. g., i	or 21c. WHERE DID	(If in Baltimore City, a	YES NO L	
6	MED	LYING OR CONTRIBUTING CAUSE OF DEATH	t home, form, factory, street, office bldg.,	oto.) INJURY OCCUR?			
		OF INJURY (Month) (Day) (Year) (Hour	r) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		JRY OCCUR?		
TE PLAIN especially	4/5 195	, that I last saw the					
		n the causes and on th	he date stated above.				
RI		23A. SIGNATORE	S3. and that death occur	3B. ADDRESS	the	23C. DATE SIGNED	
	24	IA. BURIAL, CREMA- (24B. DATE DN, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town,	or county) (State)	
PLEASE correct ag		Burial April 8, 195			air Rd. Baltim	ore Md	
PLI		ATE RECEIVED BY REGISTRAR'S SIG		Schimunek Funer	al Home, Inc.	ADDRESS	
	-	VS 150		72601=3=5 E. Mad	ison St.		
	1	Mary	5/2	419			

BIRTH NO.



4-	550						
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 3420							
1.	NAME OF DECEASED ype or Print) Mrs May Nauman	2. DATE OF DEATH AP	vi (% 195				
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	A. STATE A. STATE B. COUNTY	nstitution; residence before admission				
H	DISPITAL OR STITUTION		vrite RUBAL and giv				
c.	Hength of stay in Baltimore 73 YFS Mos	D. STREET ADDRESS (If rural, give location)	AL S				
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Control of the	8. DATE OF BIRTH 19. AGE (in years) If	Inder I Year II Under 24 Hours this Days Hours Min.				
10 wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if relired) Hochschild Kohn USTF	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY				
	Toseph Sticks Deposter	14. MOTHER'S MAIDEN NAME Katherine Bus	ber /				
(Ye	. WAS DECEASED EVER IN U. SARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (16. SOCIAL 216-03-3419	Charles J. Neuman, husband, a	DRESS bove				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	eumonita	INTERVAL BETWEEN ONSET AND DEATH				
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Fasice Condenserlan Da	rsec				
DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP		20. AUTOPSY?				
MEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bld		ve exact location)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR FINJURY m. WHILE AT NOT WHILE AT WORK AT WORK	LE					
	22. I hereby certify that I attended the deceased from Adeceased alive on April 3, 1952, and that death occ	pril 3, 1953 to April V, 1953 urred at 2: 3 An., from the causes and on the	that I last saw the date stated above				
	28A. SIGNATURE W. A. M. D.	33 ADDRESS Secon Hos	23c. DATE SIGNED				
2.	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION (City, town, o	or county) (State)				

VS 150

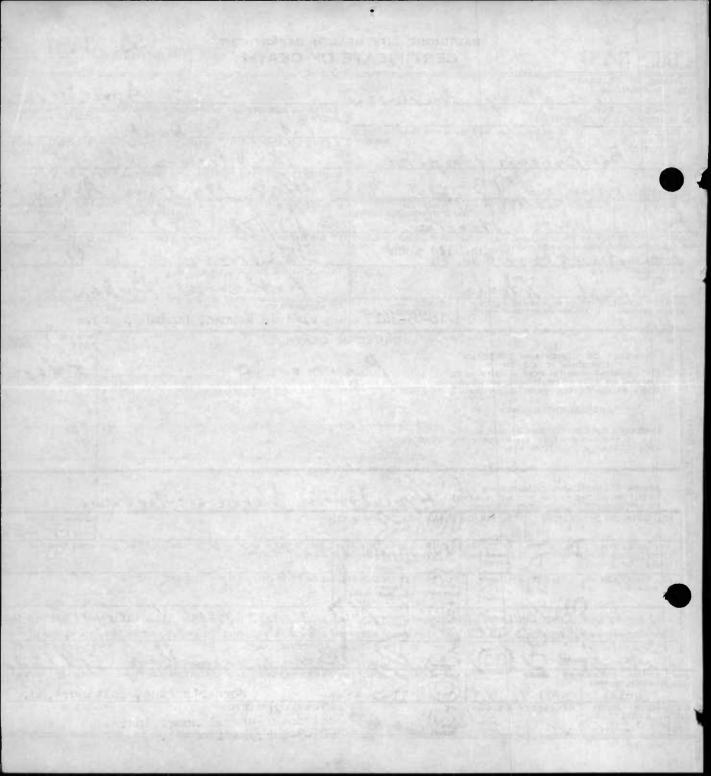
Burial
DATE RECEIVED BY
LOCAL REGISTRAR

Horner's Lane, Baltimore, Md.

25. FUNERAL DIRECTOR ADDRESS
Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

April 7, 1953 Oak Hill Cemetery REGISTRAR'S SIGNATURE 25.FU



53 3421

	53 3	421.			EALTH DEPARTMEN	T Registered	No
	RTH NO.		CE	RIFICAL	E OF DEATH	Registered	140
1. (T	NAME OF Dype or Print)	Adam	n De	Sh. LER		2. DATE OF DEATH 5	Rapril 195
	PLACE OF E Baltimore	City, Maryland	Bell	more	4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	If institution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	/	rive street address or location)		(If outside corporate lim	its, write RURAL and giv township
*	10			Yrs.	D. STREET ADDRESS	If rural, give location)	2200
		stay in Baltimore	Life	Mos. Days	Box 3	58 A Ba	Stimore 6
5.	M	6.COLOR OR RACE		ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
		CCUPATION (Give kind of of working life, even If retired)	0	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME douis	Dohl	er:	14. MOTHER'S MAIDEN	NAME Helmo	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Mrs Adam Do	blex Phil.	a Rd
	DISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which	TH of dying, e.g., ans the disease,	(A) C12	of DEATH Close Varcu	lan Accid	INTERVAL BETWEEN
		ANTECEDENT CAUS	SES		1	1	
ICATION	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	(B)	Dialiles	hellites	
CERTIF	TRIBUTIN	II BIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
CAL	19a. DATE	OF OPERATION	19B. MAJOR FIN	IDINGS OF OPER	RATION		YES NO
MEDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
~	2 ID. TIME INJURY	(Month) (Day) (Year) (Hour) 21E. WHILE WOR			RY OCCUR?	
		by certify that I at	tended the dec	eased from 41	1953, to_		13 that I last saw th
II.	deceased a		1958, and		rred at 7 05 m., from	the causes and on	the date stated above
	2011,010,17	mx	Suns	м. р.	me	very Hogal	4/5/53

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOGATION (Oity, town, or county) / (State)

Zion, Lu

Balta Md ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY REGISTRAF
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

VS 150

STATE OF THE PARTY OF THE PARTY

53 3422

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

0	5	3432	
Registered	No-		

BIRTH NO.						
1. NAME OF D (Type or Print)		11:00	. Koers		2, DATE OF	./ = /==
3. PLACE OF D		1.2	. 110211		NCE (Where deceased lived, I	f institution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution,	give street address o location		Uf outside corporate lim	its, write RURAL and give
	209. Kol	6 Ave	37.	13a	llimor	township
c. Length of s	stay in Baltimore		Yrs. Mos. Days	HOOF K	SS (If rural, give location)	
5. SEX	6. COLOR OR RACE	7. SINGLE, M WIDOWED,		8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours Ionths; Days Hours : Min.
IOA. USUAL OC	CCUPATION (Give kind of	SING	BUSINESS OR	Nev 27-1	8 76 76 tate or foreign country)	12. CITIZEN OF
ork done during most	of working life, even if retired)		INDUSTRY	Balto	City Md	WHAT COUNTRY
13. FATHER'S			1042	14. MOTHER'S MAI	DEN NAME	- N 3 Q
Aug	ED EVER IN U. S. ARME	RYNRY		Catherin	Ne PINSChu	idt
res, no or unknown)	(If yes, give war or date	n of service)	S. SOCIAL SECURITY NO.	17. INFORMANT	0//	ADDRESS
18. 44	3 x and	1 3/1-	CAUSE	OF DEATH	a schueler. 4	INTERVAL BETWEEN
DISEA	SE OR CONDITION LEADING TO DEA		× n	0	n n	ONSET AND DEATH
heart failt	s not mean the mode oure, asthenia, etc. It mes	of dying, e. g.,	(A)	emonary (Ildena	L darge.
injury or	complication which		DUE TO	0	Dijo	
DISEASE	ANTECEDENT CAUS		(B) Card	Tip - Vascule	4 Hypertensie	14 years
RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	DUE TO	Jost .	2 1!	111
			(c)	mariosex	Some Sand	7 yeur.
OTHER S	II SIGNIFICANT CONDI	TIONS CON-	1	. 1		111
TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING IT.	Λ'	realiter		Myland
19A. DATE	OF OPERATION 1	98. MAJOR FI	NDINGS OF OPE	RATION		20.6AUTOPSY?
21A. ACCIL LYING O CAUSE OF	DENT WAS UNDER-	218. PLACE about home, farm, f	OF INJURY (e.g., factory, street, office bldg.	in or 21c, WHERE DI		
21D. TIME	(Month) (Day) (Year	(Hour) 21E.	INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	
INJURY		m. WHILI			English Division	
	by certify that I att					I, that I last saw th
deceased a		_, 19_5_3 and		rred at 7.45P-m.,	from the causes and on	the date stated above
Mick	sel t. A	Jaurel	м. р.	4636 Be	her Boal	4-5-53
100, REMOVAL		246.	NAME OF CEMET	ERY OR CREMATORY	240. LOCATION (City, town	n, or county) (State)
BUTI &		SSIGNATURE	Jaltim	25. FUNERAL DIRE	ECTOR Bal	ADDRESS
LOCAL REGIST	BAR	tinction H	Estimus. M	Largaly ?	Eumal Hame 7	401. Balain Rd

CHANGE A CO. T. B. CANGE IV. Bellines MANAGEMENT STREET, STR We will be the first of the fir

53 3423

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3423

BIRTH NO.	OLIVIII TOATL	OI DEATH		
1. NAME OF DECEASED (Type or Print)	red .		OF DEATH 4/5	15-8
A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE	here deceased lived. If ist	tution: respience before symission)
B. FULL NAME OF O (If no the hospital on Intity HOSPITAL OR 1NSTITUTION		2100 MT AC	outside Corporate limits, w	te RURAL and give
HOMAE	9	Youll	Lione	5 Bowship)
c. Ongth of stay in Baltimore	910 Yrs. Mos. Days	2 10 6 Pm	ural, give location	30
AM MIDO	WED, DIVORCED (Specify)	Aug 6-1863	9. AGE (In years lighted lost birthday) Months	Days Hours Min.
		1. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF
KETIRED KES	TY AVERN	ST Louis	Mous	WHAT COUNTRY?
13. EATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	
VALEXTINE GRA	J- 1	MINNIE 1	MUENCH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	7. INFORMANT	0. 9100 ADDE	
no no	neo 1	ARS ANNA /VIC	GEE MTHOM	
18. 420.0	CAUSE OF	DEATH A. O.O.	11:	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.		oscurpue mus	manegre.	111016
heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ase.	***************************************	***************************************	
ANTECEDENT CAUSES	a., DOE 10			0.00
z	(B)	******		
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO	ING			•
UNDERLYING CONDITION LAST,	(C)			***************************************
<u></u>				
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DISEASE OR CONDITION CAUSING	Іт			,
	R FINDINGS OF OPERAT	TION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21a. PL	ACE OF INJURY (e. g., in or	21c. WHERE DID (II	in Baltimore City, give	exact location)
LYING OR CONTRIBUTING about home	, farm, factory, street, office hldg., etc.)	INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the		61 , 1947, to 4	1953 th	at I last saw the
deceased alive on 1913	, and that death occurre	a ADDRESS A	e causes and on the d	
24A. BUNAL, CREMA- 24B. DATE	м. д. 34	-Of Windsorl	we. South my	4/6/53
TION, REMOVAL (Specify)	24c. NAME OF CEMETERY	+ 1100-	CATION (City, town, or e	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 2	17 17 13 191	AA LILII . AD	DRESS 44
OCAL REGISTRAR Huntington	Whiteaux 1970	han to Torre	Wiel in allow	M. M. WIN
	1/2	1000		TT LL LANDEN

Dr R. A. Reiter Garison & Windras ave 2:1470 27 Doct 50000

53 3424

1	53 34	24	BAI		E OF DEATH	NT Registered 1	Vo
_	IRTH NO.						
(7	NAME OF D Type or Print)		MAS W.	MEUSHAW		2. DATE OF DEATH APPI	1 5, 1953
A.		City, Maryland			A. STATE	E (Where deceased lived, If B. COUNTY	institution: residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION					(If outside corporate limit	s, write RURAL and give
_	1,000	3130 Har	ford F	load Yrs.	Baltin		township)
c.	Length of s	tay in Baltimore		Mos. Days	748 Mc Kew		1e KEWIN
	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED. ZED, DIVORCED (Specify		last birthday) Mo	f Under 1 Year If Under 24 Hours onths Days Hours Min.
10	male A. USUAL OC	White CUPATION (Give kind of f working life, even if retired)	108 KINE	OF BUSINESS OR INDUSTRY	Nov. 12,189		12. CITIZEN OF
D	raftsma B. FATHER'S N	n Western		R.R.	Baltimore,	Maryland	WHAT COUNTRY?
		enry Meush	aw		Martha Shaw		
15 (Ye	s, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS Avenue
					Mrs. Clara	Meushaw, 748	Mc Kewon
ERTIFICATION	heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A)	ns the diseaseaused death SES F ANY, GIVIN STATING TE	e, .) DUE TO	spondry ()eclusin	ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
ı.	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, a	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
	22. I hereb	y certify that I att	ended the	deceased from M		Pori/ , 195.	that I last saw the
	23A. SIGNAT	ive on Mot. 19	_, 1942,	and that death occu	rred at m., fro	m the causes and on the	date stated above.
Z.	4A. BURIAL, CON, REMOVAL (S			4c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town,	
D.	Buria	BY REGISTRAR	SSIGNATU		28 FUNERAL DIRECT	UC/A	ryland ADDRESS Arford Road

VS 150

Ale

035 50

8-9

. Wm. Kammer Ol Sheridan Avenue

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

DI	DTL	J P	OIL

1.	NA	ME	OF	DECE	ASED
(17)	7700	0.00	Drint	1	

Sollyo W Tingor Schimm

2. DATE

Registered No_

Dally o W. Dillzey St	DEATH APP. 5, 1955					
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 3404 Harford Road	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
	Baltimore					
Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 3404 Harford Road					
female white 7. Single, Married. Wildwed, Divorced (Specify)	3. DATE OF BIRTH June 4, 1871 9. AGE (In years of Under 1 Year Months) June 4, 1871 9. AGE (In years of Under 1 Year Months) 1. Months 1. Mo					
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, oven if retired) 8 t NOME INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs. Hazel Fernandis, 3404 Harford					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) ANTECEDENT CAUSES (B) UTILITIE	of DEATH wary emfalu sudden sclerate Cerdis Vascular Erral years					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	nch-freemonia 10 days.					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?					
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?					

248. DATE

WHILE AT

anded the deceased from 3/18 1953, to 4/5, 1953, that I last saw the 1953, and that death occurred at 3 5, m., from the causes and on the date stated above.

deceased alive on. 23A. SIGNATURE

22. I hereby certify that I attended the deceased from

23B. ADDRESS

Ruck,

23c. DATE SIGNED

24A. BUMAL, CREMA-TION, REMOVAL (Specify)

24C, NAME OF CEMETERY OR CREMATOR Loudon Park Ce'm

24D. LOCATION (City, town, or county)

5305 Harford Road

Buriah q DATE RECEIVED BY

4-8-53 REGISTRAR'S SIGNATURE

Baltimore, Maryland 23 FUNERAL DIRECTOR

ADDRESS

VS 150

r. Thomas

7-8 8 6256 V+614

53 3426

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3426 Registered No.

0	RIH NO.						
r)	NAME OF DI 'ype or Print)	C	lara Ja	ne Norfolk		2. DATE OF DEATH APT	il 5, 1953
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A, STATE B, COUNTY before admission)		
	FULL NAME	OF (If not in hospit	tal or institution	on, give street address or location)	Marylar		
	ISTITUTION	1406 W	77	· · · · · · · · · · · · · · · · · · ·	c. CITY OR TOWN (I	/ "	write RURAL and give
	W	1420 W.	rayett	e Street	Baltimo		1-0
				Yrs.	D. STREET ADDRESS (If		
6	ength of st	tay in Baltimore		Mos. Days	1426 West * 8	ayette Stre	et
5.	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	Il Under 1 Year If Under 24 Hours
1	emale	white		ED, DIVORCED (Specify)	June 1. 1884	last brthan M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
wor]	k done during most o	(working life, even if retired)	102.1111	INDUSTRY			WHAT COUNTRY
-	at ho				Richmond, Virg		
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN N		
	William	Aldhizer			Lillian Parris	sh	
15 (V-	. WAS DECEASE	D EVER IN U, S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
(10	e, no or unknown)	(11 yes, give war or date	or service)	SECURITY NO.	Mr. Kenneth Bo	wers. 1426	W Fovette
	18. 444	3 4				01 0, 1100	INTERVAL BETWEEN
	77			CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH	()	pala plan	100/1	*
	(This does	not mean the mode of	of dying, e.g.	, (A)	Keura neu	conrhage	(muediate
	injury or	re, asthenia, etc. It mes complication which of	caused death.	OUE TO			
		ANTECEDENT CAUS	SES		_		
7		ANTECEDENT CAUS	563	m (+1 b)	interesup Rak	dio Vas,	The state of the s
ō		OR CONDITIONS, I			uteusing Ran dis		Alous.
F	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E OUE TO	as	Lare	0 2000
FICATION				(C)	***************************************	***************************************	
		11					
ERTI		IGNIFICANT COND					
CE		TO THE DEATH, BUT SEASE OR CONDITION					
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A	000000	0					YES NO
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City,	
ED	LYING OF	CONTRIBUTING	about home, fa	rm, factory, street, office bldg., e	to.) INJURY OCCUR?		
Σ	CAUSE OF I		(III) l e	1	D of Holy Dip In His	V 000UDA	
	OF INJURY	Month) (Day) (Year)	Lateral Control	TE. INJURY OCCURR		Y OCCUR?	
1				WORK NOT WHILE			
	22. I hereha	u certify that I at	tanded the	January from ALR	. 5 , 195, to	10	_, that I last saw the
	deceased al				red atm., from t		
	23A. SIGNAT				3B. ADDRESS	the eduses and on t	23c. DATE SIGNED
	(hanles	()	16 h	()	910 W. Loral	00-10	apr. 7/53 -
2				AC NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City town	
TI	4A. BURIAL, CON, REMOVAL (S	A MAN					
_	Burial		-	Loudon Park	0	altimore,	
	ATE RECEIVED	DAD'I	Sures will	RE///-	25. FUNERAL DIRECTOR	F 1	ADDRESS
	11 11 1	live I would	uglon.	WALLIA-, M.	Reonard J. Ruc	k. 5305 Ha	rford Road
	VS 150	Mayer	4	1.8			
		4 17 74 75 PA 19					

. Tommasello W. Fayette

1884 6.8

HITTER ATTEMETS

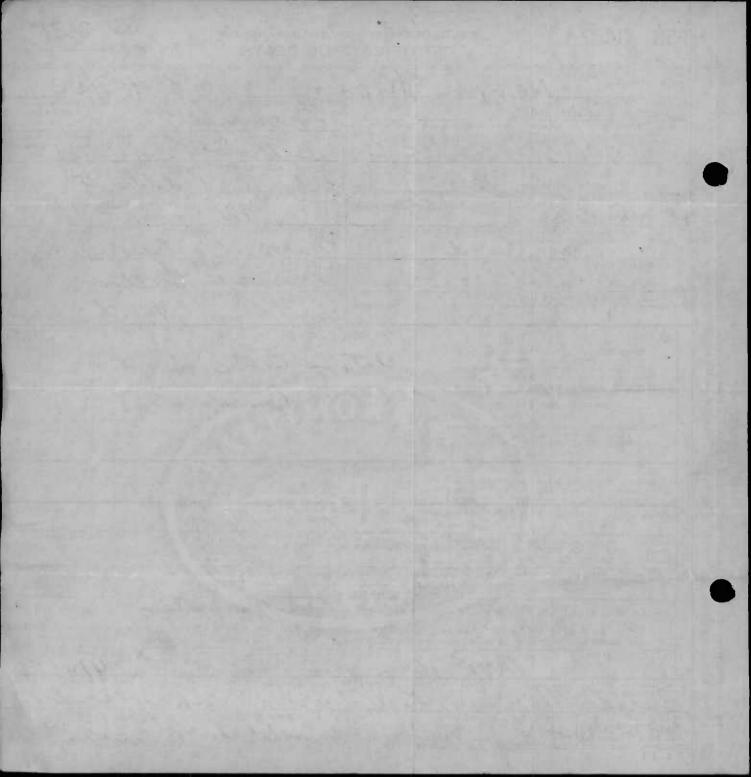
HIGH SHETTING MESHERS AND

ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23C. DATE SIGNED MEDICAL INVESTIGATOR CEMETERY OR CREMATORY 24D. LOCATION (City, town, or 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. ADDRESS RECEIVED BY LOCAL REGISTRAR

before admission)

12. CITIZEN OF

WHAT COUNTRY



3	3428 RTH NO.			EALTH DEPARTMENT E OF DEATH	53 Registered No.	3428
(T:	NAME OF DECEASED	Vashing	ton Bai	ley Deits	2. DATE TON	on.
Α.	PLACE OF DEATH: Baltimore City, Maryla FULL NAME OF (If not		on, give street address or	A. STATE MAL	B. COUNTY	before admission)
HC	OSPITAL OR 764	& For	Tane	Balten	outside corportee limits aw	rite RURAL and give township)
C.	Length of stay in Baltin	more LI	Yrs. Mos. Days	b. STREET ADDRESS	pral, give ocation)	ave
2	nole Phi	d WIDOWE	MARRIED, ED, DIVORCED (Specify)	# 20 TE OF BIRTH	9. AGE (in years Undo	r l Year s Days Hours Min.
10 work	A. USUAL OCCUPATION (G. dope during most of working life, ever	ive kind of IOB. KIND if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country 12	CITIZEN OF
13	YATHER'S NAME	1// 200		14. MOTHER'S MAIDEN NA	ME	
15 (Yes	. WAS DECEASED EVER IN U. n, no or nnknown) (If yes, give w	S. ARMED FORCES? var or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Violet	V. Sawye	5 - (dame
CERTIFICATION	DISEASE OR CONDITIONS TO THE ABOVE CALUNDERLYING CONDITIONS TO THE ABO	O DEATH e mode of dying, e.g. c. It means the disease, which caused death. T CAUSES TIONS, IF ANY, GIVING USE (A) STATING THE	(A)	of DEATH Frong Th	vendrois sis	ONSET AND DEATH
CERT	OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR CO	TH, BUT NOT RELATED				
	19A. DATE OF OPERATIO	N 19B. MAJOR	FINDINGS OF OPER	RATION		YES NO
MEDICAL	21A. ACCIDENT WAS UI LYING□ OR CONTRIBU CAUSE OF DEATH	4 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	CE OF INJURY (e. g., i rm, factory, street, office bldg.,	etc.) INJURY OCCUR?	in Baltimore City, give	exact location)
	21D. TIME (Month) (Day	w	HILE AT NOT WHILE		OCCUR?	
	22. I hereby certify the deceased alive on 3 2 23A. SONATURE	at I, attended the	deceased from And that death occur	3B. ADDRESS	e causes and on the	A SIGNED
TIS	DN. REMOVAL (Specify)	25.8,1953	Foudoy P	nk Cen Bo	CATION (City, town, or	
LC	ATE RECEIVED BY REGIONAL REGISTRAR	TRAR'S SIGNATUI	Williams My	9. Jowers	Evon	DDRESS
	Vs 150	0	640	o 3 Charles	St Malto	30 mg

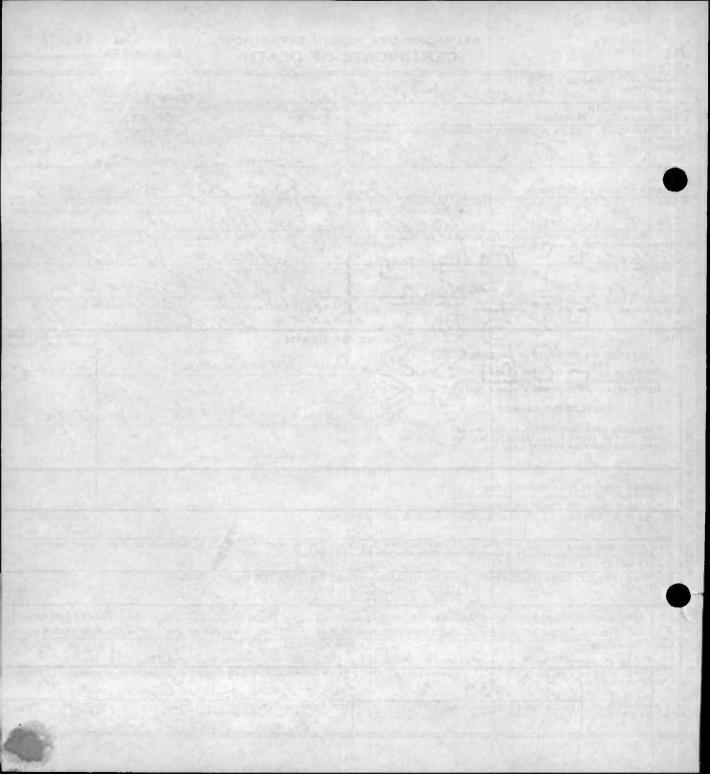
MARKET THE SELECTION OF THE PARTY OF THE PAR 1645. 1000

. 6		6
53	3429	
DIRTH	NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

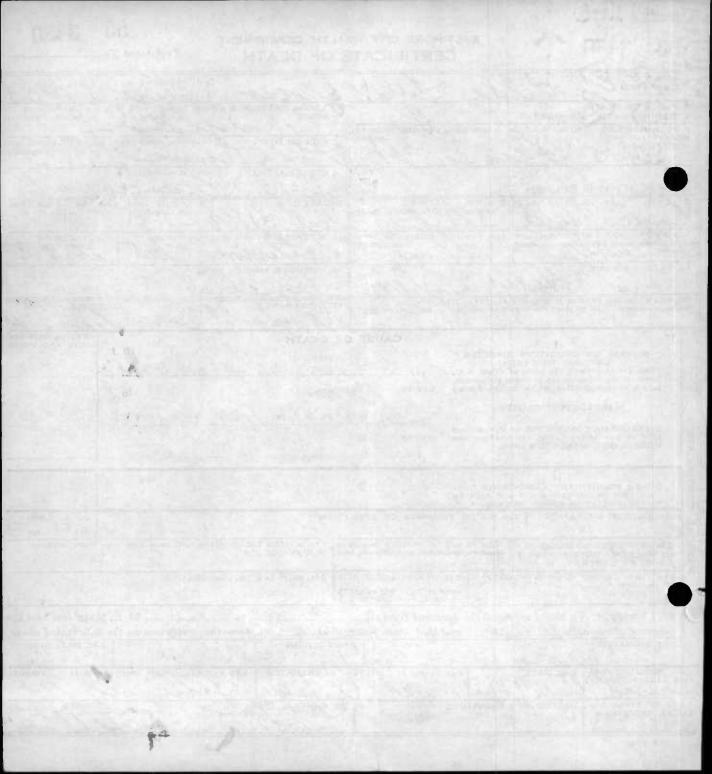
53 3429 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	her 2. DATE 4. 1953
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. LOUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	maryland
INSTITUTION	c. CITY OR TOWN (It that side corporate limits, write IURAV and give
1535 10. Second St.	Jacumse
Yrs. Mos.	D. STREET ADDRESS (If payal, give location)
c. Length of stay in Baltimore Days 5. Sex 6. COLOR OR RACE 7. SINGLE, MARRIED	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
temale Colored WIDOWES, DIVORGED (Specify)	Sent. 30, 1864 last birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR ork done during most of reking life, even if retired)	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAP COUNTRY?
smelle tot, same	Cynericus Isa. Mil.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
morris mincely	Sarah towell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	18 MEORMANTHIL GILLENDRESS 1
	1353 N. Gilmer St.
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	200 He 11 - 1/20 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
(This docs not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	The state of the s
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Tousere Heart
DISEASES OR CONDITIONS, IF ANY, GIVING	3,763.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO V UNDERLYING CONDITION LAST.	
(c)	
II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
4	YES NO E
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in about home, farm, fectory, street, office bidg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F, HOW DID INJURY OCCUR?
FINJURY MILE AT NOT WHILE TAT WORK	I I I I I I I I I I I I I I I I I I I
	1 - 195,3to 4 - 4- ,195 3 that I last saw the
22. I hereby certify that I attended the deceased from deceased alive on 4-3-, 1953 and that death occur	red at 130 am., from the causes and on the date stated above.
23A. SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED
recorde ge M.D.	8/6h, Mount 27, [7] 4-6-53.
244. BURIAL, CREMA- 248 DATE 240 NAME OF CEMETER	Y OR CREMATORY 24b. LOCATION (City, town, or county) (State)
Jurial UN. 1, 1900 1N1. CC	wurn Jallynine, M.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR June ADDRESS VAN
137.03823	1631 smid Hell on
VS 150	CA- II
720	010



6 53 3430

В	53 3430 CERTIFICATE	OF DEATH	Registered No.
1. (T	1. NAME OF DECEASED (Type or Print) Mateldar Tuler	Oureus 2	OATE OF OFATHER V. 5. 1953
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where	e deceased lived. It institution; residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, gife street address or HOSPITAL OR location)	c. CITY OR TOWN of outs	side corporate limits, write RURAL and give
JY.	2413 Flancis VI.	D. STREET ADDRESS (If rura	Knive location)
C.	c. length of stay in Baltimore Days	2415	rancis St.
5.	5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED WIDOWSED, DIVORCED (Specify)	8. DATE OF BIRTH 9.	AGE (In years li Under l Year last birthday) Months Days Hours Min.
10 wor	10a OSCIAL OCCUPATION (Give kind of of opeduring most of working life oven if retired) INOUSTRY	11. BIRTHPLACE (State of foreign	n country) 12. CITIZEN OF WHAT COONTRY
13	13. FATHER'S NAME Slesses Liker	14. MOTHER'S MAIDEN NAME	?
15 (Yo	15. WAS DECEASED EVER IN U, S. ARMED ORCES? 16 SOCIAL Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO.	17. NFORMANT	ADDRESS2 4/3
1	18. 477. 1 CAUSE C	OF DEATH	INTERVAL BETWEEN
	heart failure, asthenia, etc. It means the disease,	DIO VASCULA	R DISEASE 3 YRS
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES		32 DAU
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ERRAL HEMO	KRAA6L - 4
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
7	19A. OATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
IEDICA	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	or 21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE The structure of	21F. HOW OID INJURY OF	CCUR?
9	22. I hereby certify that I attended the deceased from	FR4, 1953, to AP	RIL 5, 19 5, that I last saw the
	deccased alive on MARJ7, 1953, and that death occurr	red at 4 Am., from the c	auses and on the date stated above.
	Oullean Trey M.D.	1928 Venna	an 23g. DATE SIGNEO
TIC	244. BURIAL, CREMA- TION, REMOVAL (Specify)	PATOR CRÉMATORY 24D. LOCA	Tion (City, town, or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 ENNERAL MEECTOR	June ADDRES Ame



44	Y, X	npor
		especial, impor
26	FL	ecial
	E	
	WRITE	ape is
1	E	
1	PLEASE	correct
- 6	24	č

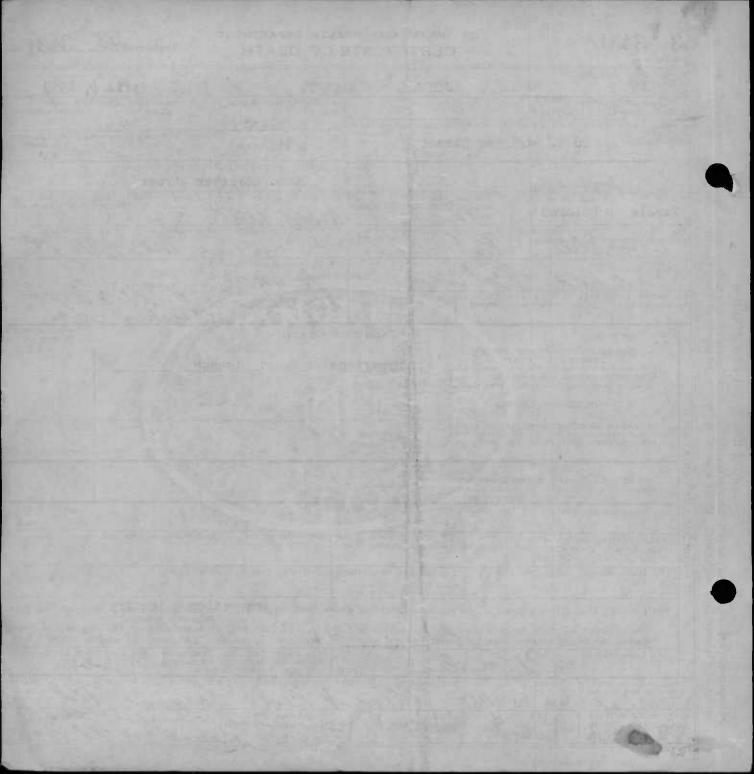
V S 151

THE OWNER OF THE OWNER OF

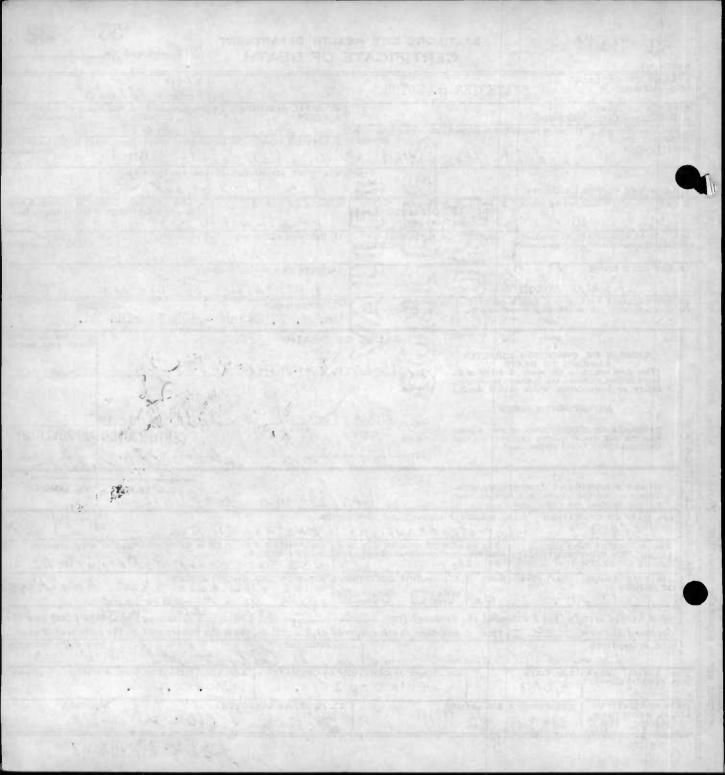
4	
Registered No.	3031
ree Processed Trop	

5.	3 343 RTH NO.	31	BAI	CERTIFICAT			Registered R	3 3	34.34
	NAME OF D		RIE	JOHNSON H	ACKETT		OF April	6, 1	953
A.		City, Maryland			4. USUAL RESIDEN A. STATE Maryland		deceased lived. If in B. COUNTY		residence ore admission)
FIG	FULL NAME OSPITAL OR ISTITUTION	20 N. St		tion, give street address or location)	c. CITY OR TOWN Baltimor	(If outsi	de corporate limite	write RU	RAL and give wnship)
	Langth of s	stay in Baltimore		Yrs. Mos.	D. STREET ADDRES				
5.	sex Female	6.COLOR OR RAC	E 7. SINGE	Days E. MARRIED. YED, DIVORCED (Sparty)	B. SATE OF BIRTH	J 9. A		Inder 1 Year tha Days	h Under 24 Hours Hours: Min.
10	A. USUAL OC	CUPATION (Giveking		OF BYSINESS OR	11. BIRTHPLASE (St	Ate or foreign	country)	12. CITIZ	
_	nom	of working life, ereo if retir	FN1	. Jamely	Law	em,	md.	IL.	COUNTRY
13	FATHER'S	MAR	Kobe	nem	Maar	acl	Barr	ue	~.,
15 (Ye	. WAS DECEAS , no or uokoown)	ED EVER IN U. S. ARM	ED FORCES? ates of service)	16. SOCIAL SECURITY NO.	The Property	varg	C Sta	total	th.
	18. H	42 Y		CAUSE	OF DEATH				VAL BETWEEN
		SE OR CONDITIO	N DIRECTLY					ONSET	AND DEATH
		LEADING TO DI	EATH		ensive Heart I	isease			
	heart fail	ure, asthonia, etc. lt r	neans the diseas	se,		T-111-111-111-11-11-11-11-11-11-11-11-11	**************************************		**********************
	mjury or	ANTECEDENT CA		n.) DOE 10					
_		ANTECEDENT CA	.0323	(B)	***************************************				
TION	RISE TO	S OR CONDITIONS THE ABOVE CAUSE (A) STATING T						
ATI	UNDERL	YING CONDITION	LAST.	(C)	•••••				
FIC									
RT	TRIBUTIN	SIGNIFICANT CON G TO THE DEATH, BI DISEASE OR CONDITI	JT NOT RELAT	ED					
CE		OF OPERATION		FINDINGS OF OPER	RATION			20.	AUTOPSY?
L							200	YES	NoX
EDICAL	UNDERLYIN	NAL CAUSE WAS NG [] OR CONTRI CAUSE OF DEAT	B. about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			Baltimore City, gi	ve exact	location)
M	21D. TIME OF INJURY	(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OC	CUR?		
	22. 1 cont	ify that I took of		remains described of	bove, held an ins	pection	& inquiry	thereon	n and from
	the en	idence obtained	hu said Aut	opsy, Inspection or I from: natural cause	Anguiru, find that s	utopsy, Inspe said deceas	ction or Inquiry sed died on the	day st	ated above
	23A. SIGNA		Presinted.	0.	ASSISTANT MED	DICAL EXAM	INER 230	DATE S	SIGNED
2	4A. BURIAL.	CREMA- 24B. DATI	1 ~1	24C. NAME OF CEMETE	RY OF CREMATORY		FION (City, town, o		
TI	DAM REMOVAL (Species 24B. DATE	0. 195	Heasa	at Kest	La	yew,	m	N.
	ATE RECEIVE	BY REGISTRA	H'S SIGNATI	Valiacies My	25. FUNERAL PIRE	CTOR 5	uneral	ARDINE	Quel

7208A



5	7. 1. 101. 121	EALTH DEPARTMENT E OF DEATH	53 Registered No.	3432				
	I. NAME OF DECEASED (Type or Print) SYLVESTER B. SUTCH		2. DATE OF DEATH 4/6/	53				
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			before admission)				
oly.	UNIVERSITY HOSpitAl	CATONSVI D. STREET ADDRESS (If r	Ile, Md,	township)				
legi	c. Length of stay in Baltimore	432 Over 1	brook Rd	5352				
y and	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEDDIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-25-67	9. AGE (In years H Under last birthday) Months	1 Year U Under 24 Hours Days Hours Min.				
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?				
death	Joh N Sutch	KATHERING	Bowen					
of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO.	Mr. M. L. Stuch -	ADDR					
write the causes	18. Equation of Death DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH ONSET AND DE. (A) Pulmonary Embolus (OMIN)							
s: please	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) FRACTURE h.p., Intertachan- Due to terie, R. & Lt., CERTIFICATION APPROVED BY (C) DAY APPROVED.							
Physicia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PAPILLO ANA CETTER OF ASST. MEDICAL EXAMINER.							
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
important.	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	432 Oven br						
ΙΙΔ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY 3/5/3 Pm. WHILE AT NOT WHILE AT WORK	Went black	oor shut.	Knocking				
age is especia	22. I hereby certify that I attended the deceased from 3-5-1953 to 50, 1953 that I last saw the deceased alive on 4-6-, 1952 and that death occurred at 2 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. PATE SIGNED 47753							
	24a. Burial Crema- tion, Removal (Specify) Burial 4/8/53 24c. Name of Cemete	bel Cem. Balto	ocation (City, town, or co. Co., Md.					
correct	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	WM. V	heres & F	DRESS				
	VS 150 / 87 1,0	6	alto 17, M	1 d ·				



ĩ	2	TO BE APPROVED BY MEDICAL EXAMINER	7-0
		3 3433 BALTIMORE CITY HE CERTIFICATE CERTIFICATE	
	1.	NAME OF DECEASED ype or Print) Alexander, Charles Summer	2. DATE OF DEATH April 6, 1953
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) STITUTION	c. CITY OR TOWN (If outside comporate limits, write RURAL and give
ory.		St. Joseph's Hospital	Baltimore township) D. STREET ADDRESS (If rural, give location)
1cg1		Length of stay in Baltimore 42 years Mos. Days	2316 E. North Avenue
ann		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH1872 9. AGE (in years of Under 1 Year last birthday) Months: Days Hours Min.
cally	10	A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
II CI		Retired Clerk Steel Mfg.	Pennsylvania 14. MOTHER'S MAIDEN NAME
lear	2,0	Joseph James M. Alexander	Hattie Thompson
10	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
1203	_	18. 422 and E900.0 CAUSE	Mr.Robert Alexander - 2712 Southern Ave. OF DEATH
i picase wilve	RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
Idio	IFIC		CHIEF OR ASST. MEDICAL EXAMINER.
Fuysic	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	ure, left hip
	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY7
portant.	EDICAL	21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	2316 E. North Avenue ED 21F. HOW DID INJURY OCCUR?
AIIA		April 2, 1953 1:30am. WHILE AT NOT WHILE AT WORK	
especia			ril 2 , 1953 to April 6 , 1953, that I last saw the
12 6			rred at 11:50m., from the causes and on the date stated above. 23c. DATE SIGNED
age	24	A. BURIAL, CREMA- 248. DATE 246. NAME OF CEMETE	1100 N. Caroline Street, April 6, 1953 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	TIC	Burial 248. DATE 246. NAME OF CEMETE 240. NAME	
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE,	25 FUNERAL DIRECTOR ADDRESS
	-	VS 150 N - 820.0 B	Broto 17, Med.

25 TECHTA ANTANEDER Then J. Tichner John

ALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

Registered No. 2. DATE CORKRAN Sr. DEATH April 5 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) Maryland f not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Union Memorial Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3712 Yosemite Avenue Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year If Under 24 Hours last birthday) Months: Days Hours! Min. Feb. 14. 1885 married 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Railroad Mar **vland** 14. MOTHER'S MAIDEN NAME Elizabeth Greenwood 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, go or uoknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Florence Corkran-3712 Yosemite Ave. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Craniocerebral Injury (This does not mean the mode of dying, e.g., henrt fnilure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID INJURY OCCUR? Guilford Ave. & 22nd St. about home, farm, factory, street, office bldg., etc.) building Dept. of Motor Vehicles 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 10:00 A. NOT WHILE fell down steps (outside) WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \Box , suicide \Box , homicide \Box , undetermined \Box . 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) Removal Blanford DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECT

Nim J. Tickery 4-law 12 ma

-3	34
53	3435

BALTIMORE CITY HEALTH DEPARTMENT

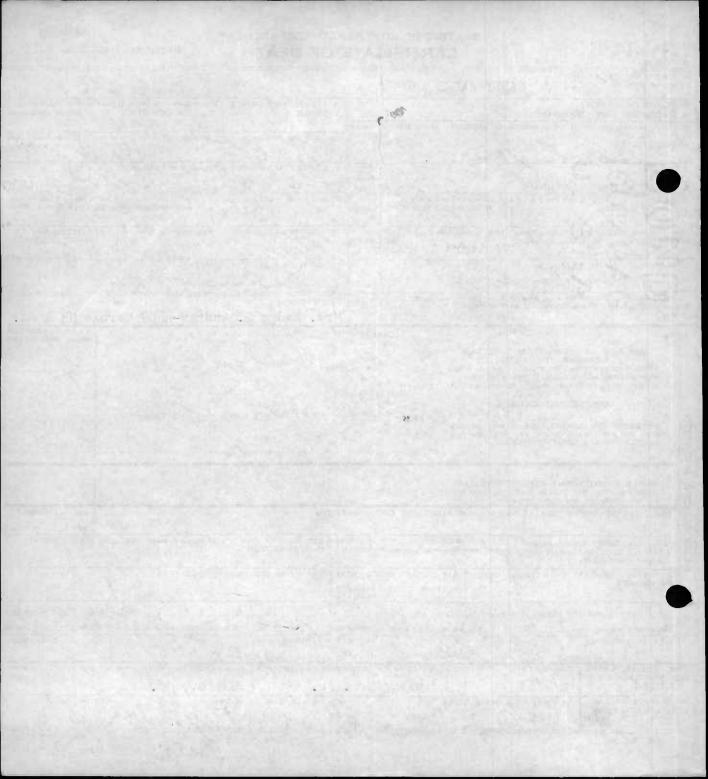
7	53	3435

	RTH NO.	COM			CERTIFICAT	E OF DEAT	H Regi	istered No)
1. (T	NAME OF E	DECEASED	Mare	1 7	Stotler		2. DATE OF DEATH	4-1	6-53
Α.	PLACE OF D Baltimore	City, Mar	yland			A. STATE	NCE (Where decease		stitution : residence before admission)
HO	FULL NAME SSPITAL OR STITUTION		usity	(de	ion, give street address or	c. CITY OR TOWN Berkl	(If outside corpo	orate limits,	write RURAL and give township)
C.	Length of				Mos.	D. STREET ADDRE		O	
	SEX	u) .	MIDOM	E, MARRIED, LED, DIVORCED (Specify Married	1904	9. AGE (lr last birt	n years If U heay) Mont	ader I Year If Under 24 Hours the Days Hours Min.
wor.	A. USUAL Of donoduring most	tof working life,		IOB, KIND	OF BUSINESS OR INDUSTRY	W. Va	State or foreign country	у) 1	2. CITIZEN OF WHAT COUNTRY?
13	Josh	NAME _	Bar	nay		14. MOTHER'S MA	me.		
	. WAS DECEAS		U. S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS Springs W.Va.
	18. / 9	4X	I NOTION D	IBECT! V	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
Z		ANTECED	ENT CAUSE	s	· Cu	neussian	of True	hea	· (,
CATION	RISE TO	THE ABOVE	DITIONS, IF CAUSE (A) S DITION LAS	TATING TH		einoma	2 Thys	oid	8-12 Markes
ERTIFI	TRIBUTIN	G TO THE D	II NT CONDITI	OT RELATE	D Mack	Late: Wa	Aules in	lunc	
CAL C		OF OPERA	TION 19		FINDINGS OF OPE	ATION Thu	roid		20. AUTOPSY?
(EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (o. g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (o. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location)								ve exact location)
2	21D. TIME F INJURY	(Month) (Day) (Year) (21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
		by certify alive on			deceased from 2 and that death occu	-6, 19.5			that I last saw the date stated above.
	23A. SIGN		eleter	1023		238 ADDRESS	Les person		23c. DATE SIGNED
710	Removal		4B. DATE /7/53		Greenway Cem		Berkley Spi		
	ATE RECEIVE	ED BY R	EGISTRAR'S	SIGNATU		25. FUNERAL DIR			ADDRESS
=						1			

VS 150

Batto 17, md.

534	3 2:00
BALTIMORE CITY HEALTH DEPARTMENT	3 3436
53 3436 CERTIFICATE OF DEATH Registered	No
1. NAME OF DECEASED (Type or Print) HARRY JAMES ANDREW 2. DATE OF DEATH 4-	6-5-3
3. PLACE OF DEATH: a. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. I a. STATE B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	The Capital
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limit INSTITUTION)	ts, write RURAL and give
Yrs. D. STREET ADDRESS (If rural, give location)	X 18
Mos. (64.29 24. 11.)	PRApt 230
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years)	If Under Year If Under 24 Hours
WIDOWED, DIVORCED (Specify) Nov. 18.1945 - last birthday) M	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of Portion	12. CITIZEN OF WHAT COUNTRY?
Malenden Janitors Supplies Salto. Mel.	48A
13. FATHER'S NAME MUIT 14. MOTHER'S MAIDEN NAME	about the same of
Ward Condier Conne HAK	2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yea, no or anabown) (If yea, give war or dates of service) SECURITY NO.	ADDRESS
no Mrs. Madge S. Andrew-4409 Ma	rble Hall Rd.
18. Use (CAUSE OF DEATH .	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	00
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
Injury or complication which caused death.) DUE TO	1 nour
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	L 20 MUTORCY2
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, about home, farm, factory, etreet, office bidg., etc.) INJURY OCCUR?	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 4-6-, 152, to 4-6-, 192	that I last saw the
deceased alive on 4-6, 1953 and that death occurred at 1537 p.m., from the causes and on	
23A. SIGNATURE 23B. ADDRESS	23C. DATE SIGNED
24K, BURIAL CREMA- 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, tow	n, or county) (State)
24x. Burial CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, tow Burial L/9/53 Moreland Mem. Pk. Balto., Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	Man
	2000
VS 150	Mis.



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION hning D. STREET ADDRESS (If Wal, give location) ength of stay in Baltimore 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years It Under I Year It Under 24 Rours | Instrumental Inst 10A. USUAL OCCUPATION (Givekind of IOB, KIND OF BUSINESS OR PLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mus 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. annung 18. INTERVAL BETWEEN 022 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

19A. DATE OF QPERATION 198. MAJOR FINDINGS OF OPERATION abdominal

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE!

AT WORK 22. I hereby certify that I attended the deceased from.

deccased alive on 4 6 and that death occurred at. 23A. SIGNATURE

TO THE DISEASE OR CONDITION CAUSING IT.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 19_

asso

INJURY OCCUR?

238. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY

Manning Mem. Pk. 25. PUNERAL DIRECTOR

dos-m 24D. LOCATION (City, town, or county) Mannington, W.Va.

, to

21F. HOW DID INJURY OCCUR?

Am., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

4 6 53 , 19 __ that I last saw the

23c. DATE SIGNED

ADDRESS

Remova. DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

20. AUTOPSY

VS 150

THE PROPERTY OF STREET OF STREET

BALTIMORE CITY HEALTH DEPARTMENT

53 3438

53 3438

VS 150

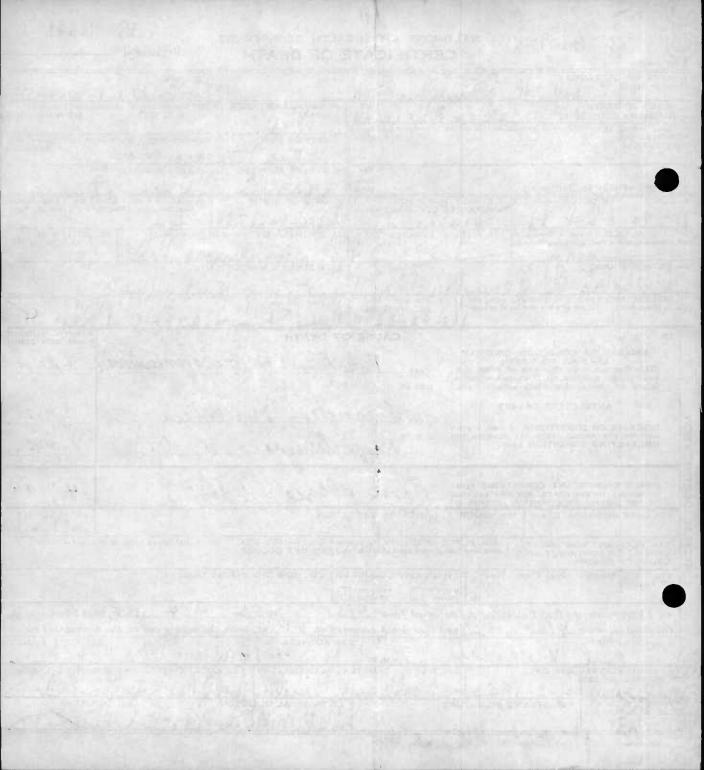
IX, WIT	correct age is especially innortant
PLA LY,	i allaio
WRITE	ie ogne
-PLEASE W	ant and
-PLF	BOOFF

B	BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered 3 3439			
1.	NAME OF DECEASED ype or Print) NATHANIEL ISA	AC 2. DATE OF April 6, 1953			
А.	PLACE OF DEATH: Baltimore City, Maryland Balto City FULL NAME OF f not in hospital or institution, give street address or location) SPITAL OR location	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission Maryland			
	STITUTION Johns Hopkins Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give baltimore township			
	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 133 N. Wolfe Street			
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	3. DATE OF BIRTH 9. AGE (In years last birthday) June-8-1930 9. AGE (In years last birthday) Months: Days Hours Min 22			
work	A. USUAL OCCUPATION (Givekindof done during most of working life, even if retired) A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
	GATHER & NAME AND AND AND AND AND AND AND AN	14. MOTHER'S MAIDEN NAME			
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
	18. E 981X, CAUSE	OF DEATH 123 WA INTERVAL BETWEE			
	DISEASE OR CONDITION DIRECTLY	t wound of the head			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES				
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
FICA	(c)				
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U	194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?			
EDICA	UNDERLYING LA OR CONTRIB.				
ME	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-4-53 4:10 P.m. WHILE AT WORK AT WORK				
1	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I	above, held an autopsy thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above			
	23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER			
24		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			

	med. Exam. case - Released to 14 osp.						
W-452 BALTIMORE CITY HEALTH DEPARTMENT 53 3440							
ВІ	BIRTH NO. 3 1 16 756 CERTIFICATE OF DEATH	Registered No.					
1. (T	Type or Print) The horeh Williams	2. DATE OF APR 4 1953					
		(Where deceased lived, If institution : residence B. COUNTY before admission)					
H	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN	(If outside corporate limits, write RURAL and give					
S	NSTITUTION HOPKINS HOSPITAL C. CITY OF TOWN	More 3 0 township)					
) 10	Yrs. D. STREET ADDRESS Mos. Days 128 8.	(If rural, give location)					
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min.					
-	Gemale Colored S. July 24 /95	1 and 6					
orl	OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRO	or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13	3. FATHER'S NAME	N NAME					
15	Roland Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFO MARKET HE	?					
(Ye	(es, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	OPKINS HOSPITALADDRESS					
	18. 792.6 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	iar failure					
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES Sichle (ell Disease					
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
FICAT	UNDERLYING CONDITION LAST. (C)						
TIFI							
CERTI							
	19A, DATE OF OPERATION 1 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
EDICAL	21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)					
ME							
F	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY WHILE AT NOT WHILE	JURY OCCUR?					
h	22. I hereby certify that I attended the deceased from 5-12-52 to	4-4, 153 that I last saw the					
	deceased alive on 4 - 4-, 1953, and that death refurred at 5 Am., fro	m the causes and on the date stated above.					
	Henry M. Seidel M.D. DONN'S HOPKI	7-2 /					
710 TIC	TION, REMOVAL (Specify)	D. LOCATION (City, town, or county) (State)					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FUNERAL DIRECT	OR ADDRESS					
b	GCAL REGISTAR Huntington Wallaces, My Mas. Orth.	Es Ellest a excugation					
-	To be approve for med. Edans	n. Carrein I'					



5-546	F-0	0.244
53 3441 BALTIMORE CITY HEALT CERTIFICATE C	H DEPARIMENT	3441
1. NAME OF DECEASED (Type or Print)	2. DATE OF	1053
A. Baltimore City, Maryland 29 33 P. A. S	USUAL RESIDENCE (Where deceased lived if ins	titution: residence before admission)
HOGDITAL OR	TTY OR TOWN (If outside corporate limits, w	vrite RURAL and give township)
c. Ogth of stay in Baltimore Yrs. Mos. Days	STREET ADDRESS (If rural, give location)	4
5. SEX 6. COLOR OR RACEU 7. SINGLE, MARRIED (Specify) 6. D	last birthday) Month	er Yoar as Days Hours Min.
ork dote during prote of working life, even if retired)	Les examples	. CITIZEN OF WHAT COUNTRY?
Charles a Donnelles la	MOTHER'S MAIDEN NAME	
15. WAS DELEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If you, give war or dates of service)	INFORMANT AND	Days St
18. CAUSE OF I	DEATH	INTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	nal Broncho preumana	e & days
ANTECEDENT CAUSES	te molities	941.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ensure C. v. al.	94n.
OTHER SIGNIFICANT CONDITIONS CON-	1611	11 14 0 5
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO	gea (tops)	4 700 1
<u> </u>		YES NO 4
	21c. WHERE DID (If in Baltimore City, give	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F, HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/3/	,19530 4/4 ,1953	hat I last saw the
deceased alive on 4/2/5, 19.5 3 and that death occurred of	at 3 P. m., from the causes and on the	
). Kail francisco M.D. 12	12 n. falleron Milen	4/7/53
24A. PURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OF MOVAL (Specify)	CREMATORY 24b. LOCATION CITY, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25.	THE HAL DIRECTOR	DDRESS
VS 150 Waleston Waleston March	6.11 all the - 37 32 8. Or	16pm
2 400	aly	



3442 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Mos. agth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 9. AGE (in years | M Under I Year | M Under 24 Hours | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country INDUSTRY Lavori 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no onknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. 330X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

24B. DATE

Internation

CAUSE OF DEATH

23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

F INJURY

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED AT WORK

WORK

22. I hereby certify that I attended the deceased from 4/4/, 1953, to 5 come, 1953, that I last saw the deceased alive on 4/4/1953, and that death occurred at 1.056m., from the causes and on the date stated above.

238, ADDRESS

21c. WHERE DID

INJURY OCCUR?

24c. NAME OF CEMETERY OR CREMA

21F. HOW DID INJURY OCCUR?

5 april, 1953, that I last saw the

(If in Baltimore City, give exact location)

20. AUTOPSY

23c. DATE SIGNED

	- 25	8	- 6	-	75	
	4	9	-61		-	_
ī		V	S	1	50	`

EDICA

WANTENAME BEARING THE STORES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF lovus DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. CQUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Sal Gran marriela HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION wor Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE SINGLE, MARRIED. AGE (In years | Nuder | Year | Nuder 24 Hours | last hirthday) | Months: Days | Hours | Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) semala 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 814 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME erman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? March 5 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY

22. I hereby certify that I attended the deceased from 3 / MAR., 1953, to 5 Apr

____, 1953, and that death occurred at 4.55 2m., from the causes and on the date stated above. deceased alive on 5 Am 23A, SIGNATURE

238. ADDRESS Unior Memas arauves M. D.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Jund

DATE RECEIVED BY REGISTRAR'S SIGNATURE

Comeli 25. FUNERAL DIRECTOR

24D. LOCATION/City, town, or county sowless da

21F, HOW DID INJURY OCCUR?

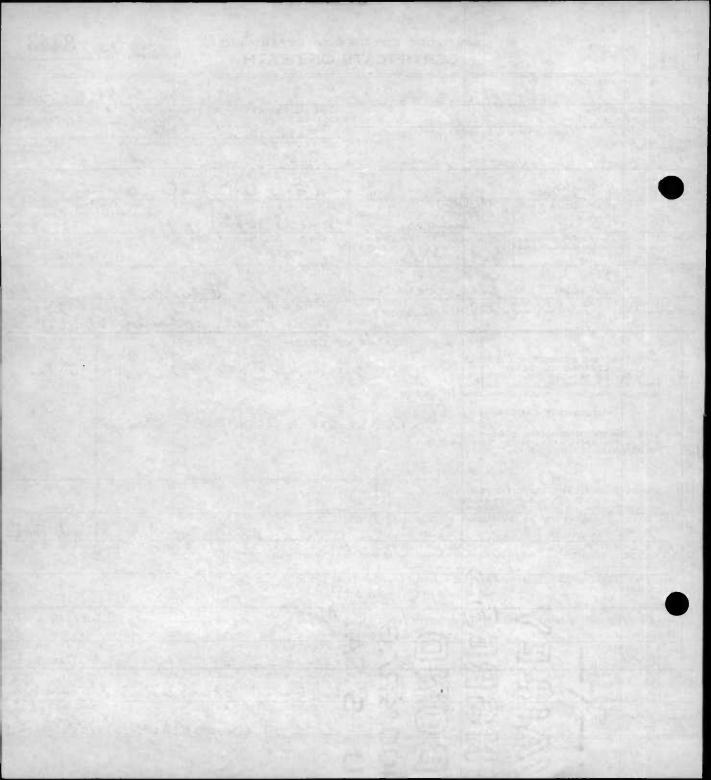
23c. DATE SIGNED

__, 1932, that I last saw the

WMmson + 2 ws-

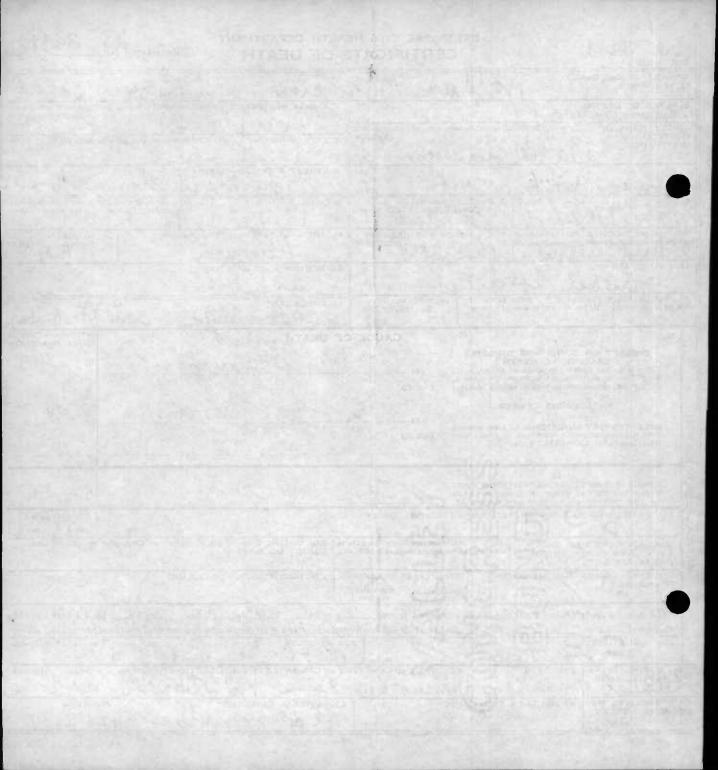
VS 150 Mithelesson.

LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.		CLICITI TOAT	L OF BEATH			
(T	NAME OF DECEASED ype or Print)	nath	an Gol	datein	2. DATE OF DEATH	ril 7,1953	
	PLACE OF DEATH: Baltimore City, Mary	and		4. USUAL RESIDENCE	Where deceased lived.	If institution: residence before admission)	
B. HO	FULL NAME OF (If no	in hospital or institu	tion, give street address or location)	Mary	word		
IN	STITUTION 3530	Keister	streen Rd.	c. CITY ON TOWN	(If outside corporate li	mits, write RURAL and give township)	
7		1	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	P	
1	ngth of stay in Balt		Days	35201	distusto	un 11000	
1	nale Whit	e willow	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under I Year It Under 24 Hours Months Days Hours Min.	
10 work	A. USUAL OCCUPATION (done during most of working life, eve	Give kind of 10B. KANI on if getired)	O OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	
Vic	ether - was	etor sha	estore	_ Tuo	ela	WHATCOPNTRY	
13	FATHER NAME	Great	20 00	14. MOTHER'S MAIDE	NAME		
15	. WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL	- rache	,	Post	
(Yes	, no or unknown) (if yes, give	war or dates of service)	SECURITY NO.	17. INFORMANT	tutaen - 35	30 Custosters	
	18. 705.5	HALTALLES	CAUSE	OF DEATH	10	INTERVAL BETWEEN	
	DISEASE OR CON	DITION DIRECTLY	6.1	1 . To 1	11.	ONSET AND DEATH	
	(This does not mean the heart failure, asthenia, e	e mode of dying, e.	g., (A) G X / V	CIANUL also	walilis	2/2-12473	
	injury or complication	which caused death	a.) DUE TO		,		
	ANTECEDEN	T CAUSES	14.12	a-tatic and	umonio	a 2 days	
O	DISEASES OR CONDITIONS, IF ANY, GIVING						
CAT	UNDERLYING CONDI	TION LAST.					
FIG.			(C)				
E	OTHER SIGNIFICANT	CONDITIONS CO	N. 7	, alexan		Suchal	
CERT	TRIBUTING TO THE DEA	TH, BUT NOT RELATE	T. Urlen	o-schroal	,0	23 74 075	
ار	19A. DATE OF OPERATIO	ON 0 198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
VY.			ACE OF INTERVAL	- Lote Willens Dip	(Te 1 To 111 City	YES NO	
MEDICA	21a. ACCIDENT WAS U LYING☐ OR CONTRIBU CAUSE OF DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)	
	21D. TIME (Month) (Day OF INJURY		21E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	ATOTIC HE	
		m.	WHILE AT NOT WHILE				
1	22. I hereby certify the	at I attended the	deceased from	194, to		53, that I last saw the	
	deceased alive on 4	16 , 1922,	and that death occur		m the causes and on	the date stated above.	
	faul li	there	M. D.	1804 Entan	Place	4/7/53	
719 T19	REMOVAL (Specify)	il 8 5	Hebeur Frei	RY OR CREMATORY 24	2 action (City, tov	vn, or county) (State)	
	TE RECEIVED BY REG	STRAR'S SIGNATU	De Pro	25. FUNERAL DIRECTO	nt Bus -	1124-26W.	
	VS 150	2	- MUSICUL 1/4 3	2		Noah One	



Principal Control of Table 1997 The party of the state of the party of the state of the s The State of the Colored State of the State

	53 3	446		TIMORE CITY H			Regis	tered No_	34条	6
1.	NAME OF D	ECEASED		OLKIII IOAI		-74111	2. DATE			
(7	Type or Print)	Rose	Sal	coni			OF DEATH	April	5th	1953
3. A.	Baltimore (EATH: City, Maryland 4	700 Ha	rford Rd.	A. STATE	RESIDENCE (V		lived. If inst	itution : re	
	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	ion, give street address or location						
	MOLTITITES	Harford Con	valesc		Balti		outside corpor	ate limits, wi	1 NORA	(L and give township)
				Yrs.	D. STREET	ADDRESS (If	rural, give loca	ation)		
c.	igth of s	tay in Baltimore	35	YTS. Mos. Days	911 8	tiles 8	t.			
	SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify	NOV. 9		9. AGE (In ;	years H Undo day) Months		Under 24 Hours
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR		ACE (State or f	oreign country	1 12	CITIZEN	JOF
wor	Housew:	of working life, even if retired)	home	INDUSTRY		arganic				COUNTRY
13	Giovani	ni B.Stefan	ia	a v	Angel	S MAIDEN N	AME .			
15 (Ya	. WAS DECEAS	ED EVER IN U.S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	ANT		ADDF	RESS	Rd
1	no	(x) you, give was or dute	a or service)	SECURITY NO.	Antor	etta Di	Rocco	1515	Sheft	field
CERTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Coreb.					Seleron neum Hemon	hage	•	4 de 10 de 21 de	lazo ars
CERT	OTHER SIGNIFICANT CONDITIONS CON- but to Arteris Selevoses TO THE DISEASE OR CONDITION CAUSING IT.							lenk	non	
	19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPERA				RATION				20. AU	TOPSY?
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)	in or 21c. WH etc.) INJURY		If in Baltimor	e City, give	exact loc	ation)		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED This is a second of the se									
	22. I hereby certify that I attended the deceased from 24. 29 1957, to april , 1953, that I last saw the deceased alive on afril , 1953, and that death occurred at 6. 7m., from the causes and on the date stated above									
	deceased a		_, 19 J,		rred at	Vm., from t	the eauses ar	nd on the o	iate stat	ed above
	O'X	ilihert ai	tigis	M.D.	294 2	2.7	ayetto	Dr. 9	1/7/	r3
TI,	4A. BURIAL. ON REMOVAL (S Burial		1953	Holy Redee			GEATION (CI			(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

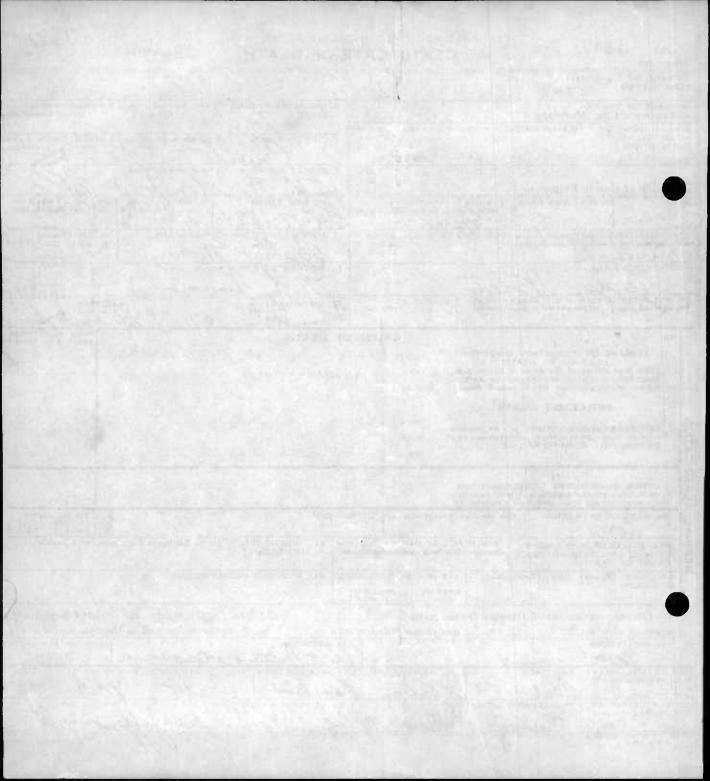
9 1953 Holy Redeemer Cemetery 4430 Belair Rd.

ADDRESS le hoce 322 8. High St.

. bi Prores in Alle The Arthur Level of the Francisco 8 171026 The Spirite House of the THE RESERVE OF THE PARTY OF THE ----belief. a independ The state of the s April 9 1963 note Rednemer Compressy that Relair has . #Body Mi. and B

53 3447 BALTIMORE CITY HEAT CERTIFICATE					
1. NAME OF DECEASED (Type or Print) 1 RMA (STALEY) Stahl 3. PLACE OF DEATH:	2. DATE OF DEATH APRIL 5' 1953 4. USUAL RESIDENCE (Where deceased lived, If institution; residence				
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission) C. CITY OR TOWN (Y outside corporate limits, write RURAL and give				
SOUTH BALTIMOICE CENEISAL HOSPITAL	D. STREET ADDRESS (If rural, give location)				
WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours In III Under 24 Hours III III Under 24 Hours III II I				
work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME Genae. Plets	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	m. Stable 511 M. Hortland for				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CD OTHER SIGNIFICANT CONDITIONS CON-	SEASE				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from APPLL 5, 1963, to APPLL 5, 1953, that I last saw to deceased alive on APPLL 5, 1953, and that death occurred at 11:59 P. m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS M. O. 1953, to APPLL 5, 1953, that I last saw to deceased alive on APPLL 5, 1953, and that death occurred at 11:59 P. m., from the causes and on the date stated about 23A. BURIAL. CREMA- 24B. DATE SIGNED AND APPLL 5, 1953, that I last saw to deceased alive on APPLL 5, 1953, and that death occurred at 11:59 P. m., from the causes and on the date stated about 23A. BURIAL. CREMA- 24B. DATE SIGNED AND APPLL 5, 1953, that I last saw to deceased alive on APPLL 5, 1953, and that death occurred at 11:59 P. m., from the causes and on the date stated about 23A. BURIAL. CREMA- 24B. DATE SIGNED AND APPLL 5 (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m., from the causes and on the date stated about 23B. ADDRESS (State 11:59 P. m.,					
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE ADD 7 1052 Tuntington Addition 15	Le A. Willer 2334 Jefferson H.				

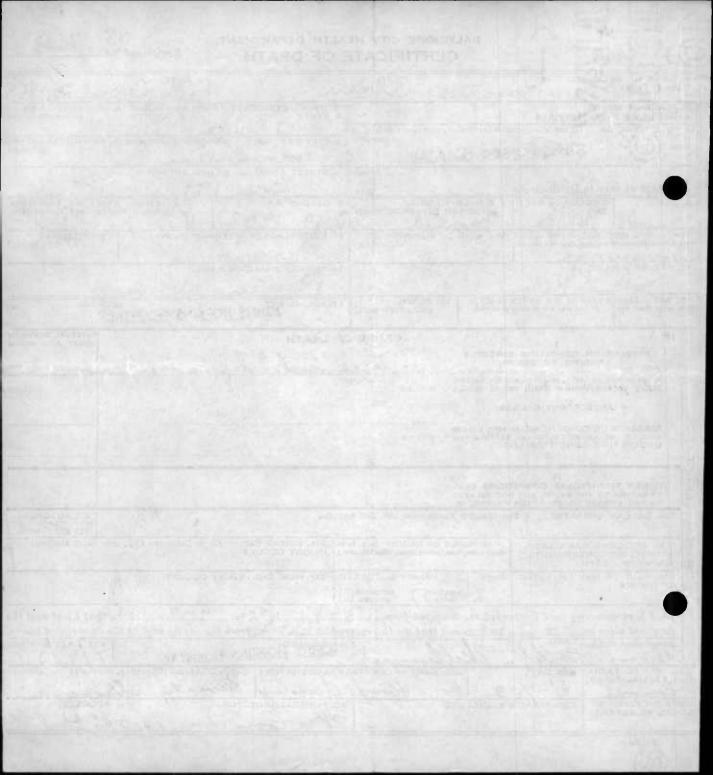
VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3448
Registered No.

BIRTH NO.	7
I. NAME OF DECEASED (Type or Print) Rosalie Olle	en 2. DATE OF CUPIL \$1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, Injustitution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Thorda V-1
HOSPITAL OR location)	Il outside corporate mints, write KUKAL and give
INSTITUTION JOHNS HOPKINS HOSPITAL	teronandina township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Mos. Days	13nl 199
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years ft Under 1 Year II Under 24 Hours last birthday) Months; Days Hours Min.
Temple White Married	12-14-1908 45
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work depended aring most of working life, even if retired)	11. B RTHPLACE (State or foreign country) 12. CITIZEN OF
Nousewite	Servara WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Reen	Radler Than
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or number (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. / L / Y CAUSE (OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH
LEADING TO DEATH	enimated lupus en themefore, 8mo
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office bldg.,	YES ND
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from.	3- \7, 1953, to 4-7, 1953 that I last saw the
	rrcd at 1.20 m., from the causes and on the date stated above.
	38 ADDRES 23C. DATE SIGNED
Mymos Franklin Williams. D.	HOHNS HOPKINS HOSPITAL 14/7/53
24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETE	RY OR CREMATORY 24D, LOCATION (City, town, or county) (State)
Removal 4/7/63 Horse Hamp	Cemelen Maverly George
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL PRECTOR ADDRESS
LOCAL REGISTRAR	IVm Cools des 1212 le Paul It

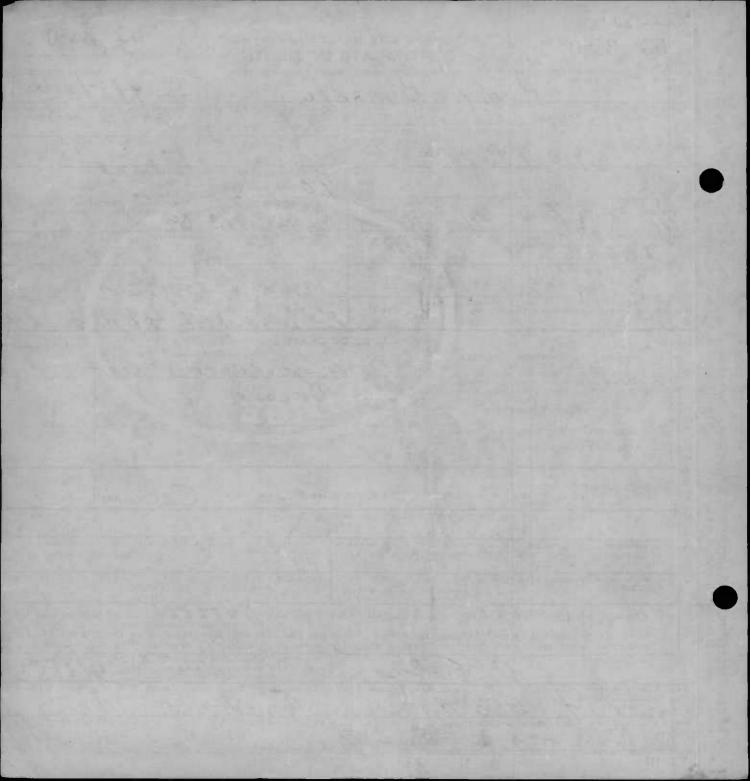


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	3449
Regist	ered No_	

-	BIKITI NO.								
1. (T:	1. NAME OF DECEASED (Type or Print) Johanna M. Hiltz 2. DATE OF April 6, 1953								
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
HC	SPITAL OR	Colonial Nu	rsing H	ome location)	Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
IN	STITUTION	4506 Sorren			Glen Burnie	£	township)		
1		4,00 0011011	oo itoad	Yrs.	D. STREET ADDRESS (If rural, give location)				
	noth of s	tay in Baltimore		Mos.					
5.	SEX	6. COLOR OR RACE	7. SINGLI	Days Days					
f	'emale	white	WIDOW	E. MARRIED. /ED. DIVORCED (Specify)	last birthday) Months Days Hours Min.				
		CUPATION (Give kind of	marr	OF BUSINESS OR	May 20, 1869	83	LIO GIFITFII OF		
work	done during most o	of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
12	housewif		own h	ome	Baltimore, Ma	0			
13	FATHER'S N				Marie Viscoc				
		Kaspar			Marie Viscoe				
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
(,,	(1.5.1, 5.1)		SECORITI NO.	George C. Hil	tz, Glen Burnie	, Maryland		
	18. 7/.	V		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY						ONSET AND DEATH		
		LEADING TO DEAT	ГН		orman.	1 Sandonia	face and al		
	heart failu	re, asthenia, etc. It mea	ns the diseas	e.			9		
	injury or complication which caused death.) DUE TO								
_	ANTECEDENT CAUSES								
2	DISEASES OR CONDITIONS, IF ANY, GIVING								
CATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
5	ONDERE!	ING CONDITION EX		(C)	cuarus "	Messelles	1044		
E									
ERT		IGNIFICANT CONDI			14	4.			
S		TO THE DEATH, BUT			Olitis	Midig	3 menter		
٦, ا	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?			
¥							YES NO		
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)						give exact location)		
Ӹ	LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR?								
Σ	210. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 216. HOW DID INJURY OCCUR?								
	OF INJURY			WHILE AT NOT WHILE!					
		m. WORK AT WORK							
	22. I hereb	2. I hereby certify that I attended the deceased from Level, 1953, to light, 1953 that I last saw the							
deceased alive on 4/6, 1963, and that death occurred at 6:08						rom the causes and on			
	23A. SIGNAT	TURE Bu	ady of	mult M.D. 2	Birlia A	Beach, my	4/7/63		
24 TIC	A. BURIAL, (S	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 2	24D. LOCATION (City, town	n, or county) (State)		
	urial 7	4/10/53		Lorraine Park	Mausoleum W	oodlawn,	Maryland		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 40 125 FUNERAL DIRECTOR ADDRESS									
LOCAL REGISTRAR Tuntington William Wm. Cook Sic. 1217 St. Paul Street									
=	VS 150	1000	0						

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write BURAL and give C. CITY OR TOWN INSTITUTION Yrs. TREET ADDRESS (If rural, give Mos. c. Length of stay in Baltimore Days 9. AGE (In years 6. COLOR OF RACE 7. SINGLE, MARRIED If Under 1 Year MILDOWED, DIVORCED (Specify) at hirthday) Months: Days Hours! Min. 10A. USUA OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (if yes, give war or dates of service) SECURITY NO 20,0 ans CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CATERIOSCLEROTIC HEART LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Desease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FADING (C) UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-FA Carcinoma ecum TRIBUTING TO THE DEATH, BUT NOT RELATED 0) TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY U 19A. DATE OF OPERATION important. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILF AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, WRITE and death in my opinion resulted from: natural causes Raccident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C. NAME OF CEMEZERY OR CREMATORY 24p, LOCATION City, town, or equnty) (State) 248. DAT 24A. BURIAL, CREMA-HON, REMOVAL (Specify) ADDRESS 322 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151



- 460 CERTIFICATE CORRECTED	4-9-53 53 3451
53 3451. BALTIMORE CITY HE CERTIFICAT	ALIR DEPARTMENT
1. NAME OF DECEASED (Type or Print) William F 140e/12	7' 2. DATE OF CAPAIL 7-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased) red. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Ingth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH OOF 1. 2. AGE (In years) If Under 14 Hours
WIDOWED, DIVORCED (Specify)	10 - 74 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during more of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14) MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS SIA
CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	te Cornar thraubses
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	el 1941, 19 there of death, that I last saw the
1 2 molean	rred at 6 m., from the causes and on the date stated above. 23B. ADDRESS 705 Medical Carl Bld 23c. DATE SIGNED
24A. (BURIAL CREMA 24B. DATE 12AC. NAME OF CEMETE TION REMOVAL (Specify)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	HANCK (305 Wanter 18
VS 150 37	4 5 11

SO MY YE WA

-620

53 3452

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3452

Registered No.

1. NAME OF DECEASED (Type or Print) MARY ELLEN MORRIS	of DEATH April 5-53
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR) location)	
INSTITUTION Provident Hospital & location)	C. CITY OR TOWN If outside corporate limits, write RURAL and give township)
Free Dispensary	Josephinene 5-05
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Ongth of stay in Baltimore Days	2423 FRANCIS ST. 17
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year Months: Days Hours Min. JAN. 28 1884 64 477
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	PRINCE GEORGIA Ct. Md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES HEPBURN	KATHERINE JACKSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (1) yes, give war or dates of service) SECURITY NO.	
18. 391.1 CAUSE	OF DEATH
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	IN ABSCESS
heart failure, asthenia, etc. It means the disease,	(// // // // // // // // // // // // //
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	PONIC OTITIS MEDIA (LETT)
DISEASES OR CONDITIONS, IF ANY, GIVING	DAIL OITIS MEDIA (CET)
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	VAL HYPERTENSION
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
₹	YES NO
21a. ACCIDENT. SUICIDE, About home, farm, factory, street, office bidg., (about home, farm, factory, street, office bidg., (b)	n or 21C. WHERE DID (If in Baltimore City, give exact location)
	TASOKI OCCORI
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	
22. I hereby certify that I attended the deceased from	rred at 6:23 m., from the causes and on the date stated above.
deceased glive on 1953, and that death occur	rrea at
1 2 3 A STGDVATIDAGE	
Lather ! Barbier "	722 h. Weth are \$76 43
Lather ! Barbier "	722 h. Fulto une 7/6 43
Jahrel . Barfrier M.D.	722 h. Fulto une 7/6 43
24A. DORIAL CREMA- 248 DATE 24C. NAME OF CEMETE TION REMOVAL (STOCIETY) DATE RECEIVED BY REGISTRAR'S SIGNATURE	722 h. Fulto une 7/6 43
24A. DORIAL, CREMA- 24B DATE 24C. NAME OF CEMETE TION, REMOVAL (Spliffy) Spril 9, 195 New Cat	123B. ADDRESS 1. Fulto Cue 76 43 RY OR CREMATORY 24D. LOCATION (City, town, or counts) (State) Bedral Baltynore and.

Lucy word 1 202 6

В	ちく、うちゅうひ	TE OF DEATH Registered No. 3453				
	. NAME OF OECEASEO Type or Print) LESLIE S. MORTON	2. DATE OF April 5, 1953				
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
Н	OSPITAL OR NSTITUTION 5708 Loch Raven Blvd.					
C.	Yrs Mos Day	7700 Josh Person Plyed				
	male white 7. SINGLE, MARRIED, WIDOWED, DIVORCEO (Specimarried	July 5, 1887 9. AGE (In years H Under 1 Year H Under 24 Hours Months Days Hours Min.				
Mor	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) SS't. Compt. Customs U. S. Govt	Maryland				
Н	enry S. Morton	Helen Levering				
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO NO	Mrs. Peggy Morton-5708 Loch Raven Blvd.				
	DISEASE OR CONDITION DIRECTLY	nglia Pectoris				
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	very entereischersi 3yıs.				
UNDERLYING CONDITION EAST. (C) (C) (C) (C) (C) (C) (C) (C						
EDICAL	19A. DATE OF OPERATION D 19B. MAJOR FINDINGS OF OP	RATION 20. AUTOPSY? YES NO				
MEDI		(n,etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT HOT WHILE AT WORK						
	22. I herchy certify that Hattended the deceased from	1950 19 to 4/5/53 19 that I last sam th				

deccased alive on

23A. SLGNATURE

and that death occurred at 3 pm., from the causes and on the date stated above. 238. AODRESS 23c. DATS SIGNED 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

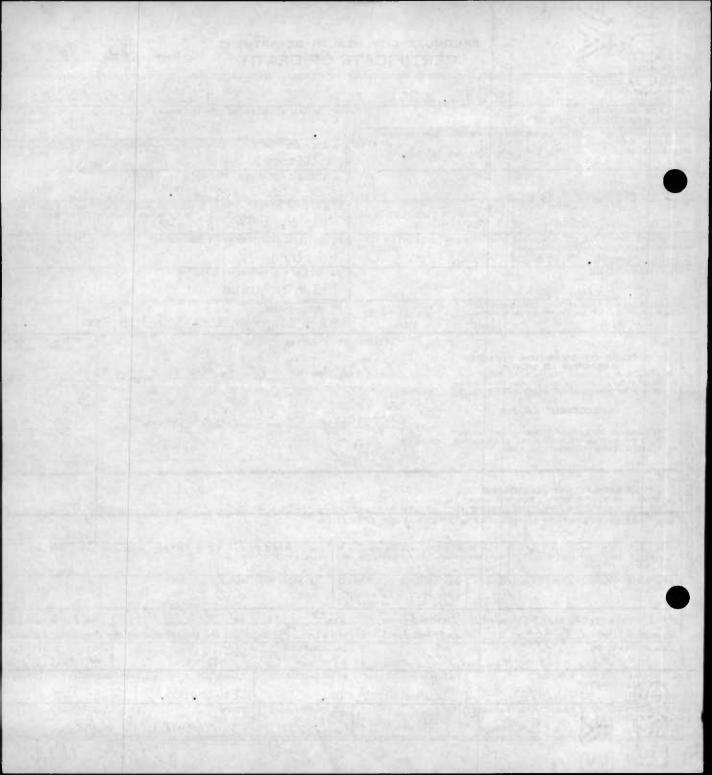
4/8/53 Lo Loudon Park Cem.

MUNERAL DIRECTOR

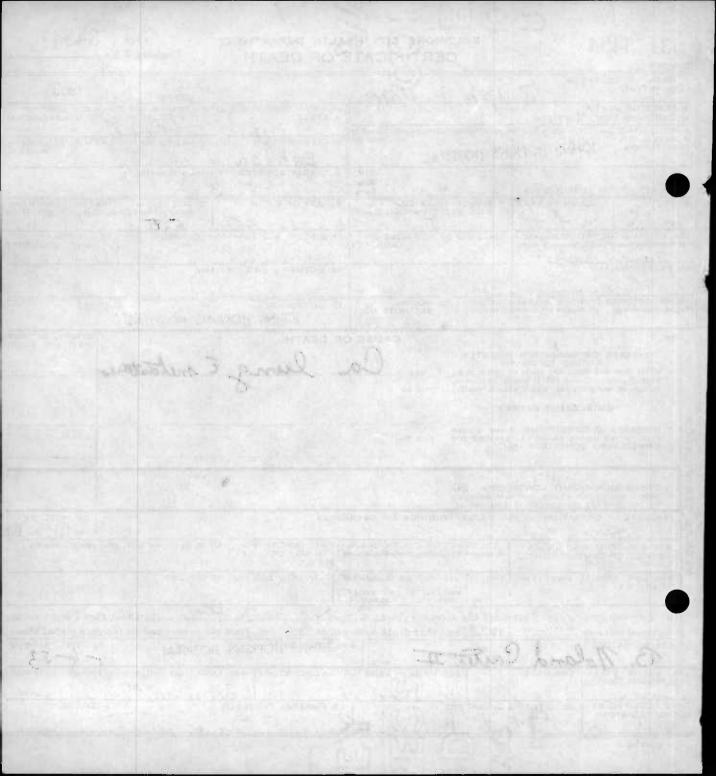
VS 150

Burial OATE RECEIVED BY

LOCAL REGISTRAR



age.	520				
1	CO OALA BALTIMORE CITY HE	FALTH DEPARTMENT	53 3454		
	10) (16% 16)	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere			
	NAME OF DECEASED		a Batta		
	(Type or Print) Ralph H. Jones		of APR 6 1953		
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WE	nere deceased lived. If institution: res	sidence admission	
В.	FULL NAME OF (If not in hospital or institution, give street address or	Md.	Cecil	***************************************	
	OSPITAL OR JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If o	utside corporate limits, write RURA	L and giv township	
7	Yrs:	D. STREET ADDRESS (If re	ural give location)		
	ength of stay in Baltimore Mos. Days	R+, 3	(100)		
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years il Under 1 Year il l last birthday) Months; Days Ho	Inder 24 Hours	
	male white. I.	6-12-97	5 5	urs win.	
10 wor	DA. USUAL OCCUPATION (Give kind of Long during most of working life, eyen life tired) IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12. CITIZEN WHAT C		
-	Farm Laborer Farming	Venne	420	2	
113	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAI	ME		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	no recor	d		
(Ye	ss, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 20HNS HOPKIN	ADDRESS		
-	18. 6 7 X CAUSE (OF DEATH	INTERVAL	BETWEEN	
	DISEASE OR CONDITION DIRECTLY	^	ONSET AN	DEATH	
1	(This does not mean the mode of dying, e.g.,	- lung c	metastare		
1	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	8		***************************************	
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************		***************	
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
0	(C)			***********	
RTIFICATION	OTHER SIGNIFICANT CONDITIONS				
111	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUT	OPSY?	
SAL	none ?		YES Z	NO [
EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	or 21c. WHERE DID (If	in Baltimore City, give exact loca	tion)	
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?		
	OF INJURY WHILE AT NOT WHILE				
	m. work at work	- 211- 1057, 4	-/ 1053 17 177 1		
	22. I hereby certify that I attended the deceased from 2 deceased alive on 4 - 6 - 1953, and that death occur		causes and on the date state		
		38 JOHNS HOPKINS HO			
-	M. D.		140	53	
TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE.	RY OR CREMATORY 24D. LO	CATION (City, town, or county)	(State)	
-d	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	applied Cecles	ma	
	OCAL REGISTRAR	a De	ADDRESS		
	VS 150	Joseph Jin	+ pollitoch n	14	
	830	2			
	0 620 /				



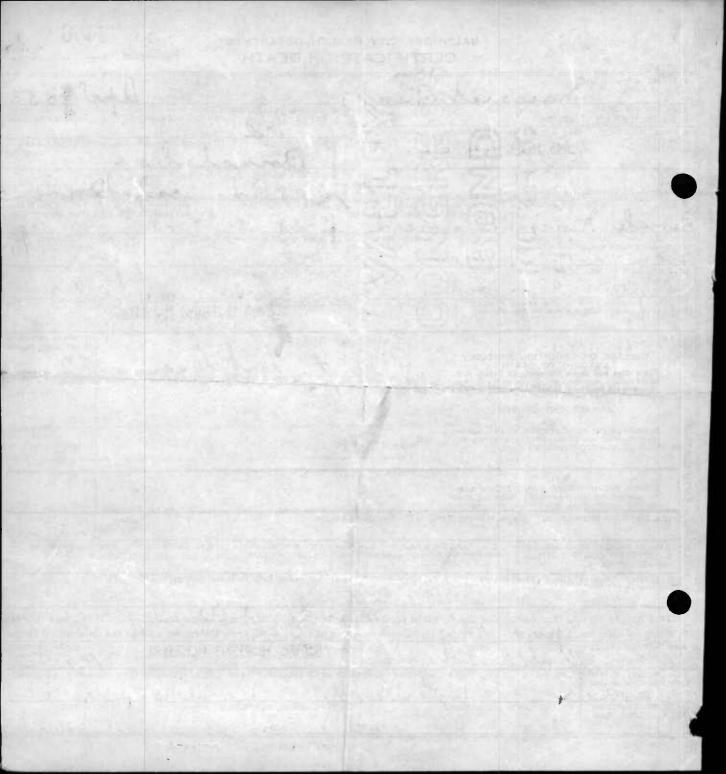
DR -45-156

V 11 .	53	0
11	53	3456

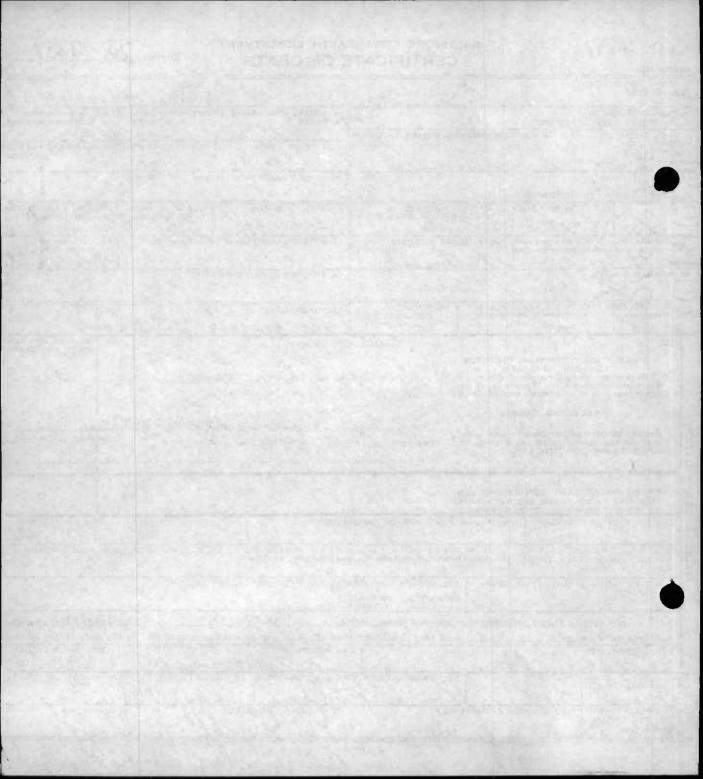
BALTIMORE CITY HEALTH DEPARTMENT

+ 53 3456 ···

BIRTH NO.	CERTIFICATE	OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print)	1 4/ 1		2. DATE OF	· 1
3. PLACE OF DEATH:	ner dent	4 HEHAL BEGIDENCE (W	DEATH U	W. 4,53
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission
	r institution, give street address or location)	c. CITY OR TOWN (If o	utside copporate limits,	write RURAL and giv
THE PLANT	IS HOSPITAL	Bornas	olis -	township
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	ural, give location)	0
F 0 2		8. DATE OF BIRTH		Under I Year If Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10		2 - 28 - 15 11. RIRTHPLACE (State or for	eign country)	12. CITIZEN OF
10A. USUAL OCCUPATION (Give kind of work slood during most of working life, even if retired)	Jame INDUSTRY	md.		WHAT COUNTRY
13. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME (1). (1	0
James 5 rans	ord 1	Ilanguna	Ded	gerry /
75. WAS DECEASED EVER IN U. S. ARMED F. (Yebono or Orkoodo) (If yee, give war or dates of	RCES? 16. SOCIAL SECURITY NO.	17. INFORMING HOP	KINS HOSPITATO	PRESS
(Yes) and or onkoon (If yes, give war or dates of	CAUSE O	F DEATH	^	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	IV I A.	ati heart a	0:	70
(This does not mean the mode of dineart failure, asthenia, etc. It means t	he disease.	racu reary o	- Jone	: 8 mo
injury or complication which cause	ed death.) DUE TO		•	3555
ANTECEDENT CAUSES	(B)			
Z O DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	(B) IY, GIVING ATING THE DUE TO	······································	***************************************	*****
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITION				
OTHER SIGNIFICANT CONDITIO				
TO THE DISEASE OR CONDITION CA		71011		
N A	MAJOR FINDINGS OF OPERA	MON		YES NO
	21B. PLACE OF INJURY (e. g., in coot home, farm, factory, street, office bldg., etc	21c. WHERE DID (If	in Baltimore City, gi	
21D. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attend	led the deceased from na	w. 31, 195 3to a	fer . H 195	that I last saw th
deccased alive on Lov. H, 1	9 and that death occurr	ed at 10:15 m., from th	causes and on the	e date stated above
Maria Rauldin	Williams 23	B. A DOHNS HOPKINS	HOSPITAL	4-5-53
24a BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETER	Y OR CREMATORY 240. LO	CATION (City, town, o	
Susied 4-8-8	3 John Diste	y ling	apolis Tec	e, ma.
DATE RECEIVED BY REGISTRAR'S S	IGNATORE	25 FUNERAL DIRECTOR	1 2.21	ADDRESS
1 1 1	- Williams With	I tilliam The	se, n-108)	I kasten yten
VS 150	()	imagous,	nd.	4



53 3457 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | li Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 2-5-1895 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Stat Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., ant prating heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e.g., in or (If in Baitimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш CAUSE OF DEATH D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 4-26, 19-18 to 4-7, 19-18 that I last saw the _. 1953. and that death occurred at 9:50Am., from the causes and on the date stated above. deceased alive on 4-7 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Canco Hospita 24A. BURIAL, CREMA- 24B. DATE (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No.	
1.	NAME OF D		a Rieh	1		2. DATE OF DEATH APT	. 7, 1953	
	PLACE OF D Baltimore (City, Maryland			A. STATE	CE (Where deceased lived, I	f institution: residence before admission)	
H	FULL NAME DSPITAL OR ISTITUTION		al or institution	on, give street address or location) Avenue	Maryl c. city or town Balti	(If outside corporate lim	its, write RURAL and give township)	
C.	eth of s	tay in Baltimore		Yrs. Mos. Days		s (If rural, give location) ington Avenue		
f	emale	6.COLOR OR RACE White	di	MARRIED, ED, DIVORCED (Specify)	s. DATE OF BIRTH Sept. 6, 1	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Inches Days Ifours Min.	
10 worl	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				11. BIRTHPLACE (Sta Baltimore,		12. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S	NAME			14. MOTHER'S MAID	DEN NAME		
	George				Anna I. Rai	msauer		
(Ye	, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
_	18. 11 20	10 and 21			Mrs. Ray mo	nd Riehl,2918	Arlington	
ERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) (ING CONDITION LA	ITH If dying, e.g., ns the disease saused death. SES F ANY, GIVING STATING THE	(B) Km	waligd	tie Hearb Din Wittriood		
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	Thronglia		to ecceptate		
_	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO	
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	218, PLA	CE OF INJURY (e. g., in rm, factory, street, office bldg., e	or 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City,	give exact location)	
2	21D. TIME OF INJURY	(Month) (Day) (Year)	w	HILE AT NOT WHILE		NJURY OCCUR?		
	22. I hereby certify that I attended the deceased from Jane 10, 1940 to apr. 7, 195, that I last saw the deceased alive on apr. 6, 1953, and that death occurred at 12 mi, from the causes and on the date stated above							
	23A. SIGNA	LONG R	any	m.D.	38. ADDRESS 408 40	expord Rd.	4/7/53	
	n. Burial, (S on, removal (S buria	1 4-11-		4c. NAME OF CEMETER Loudon Parl		Baltimore, M		
	ATE RECEIVE		S SIGNATUR	141. 4.0	25. FUNERAL DIRECT		ADDRESS	

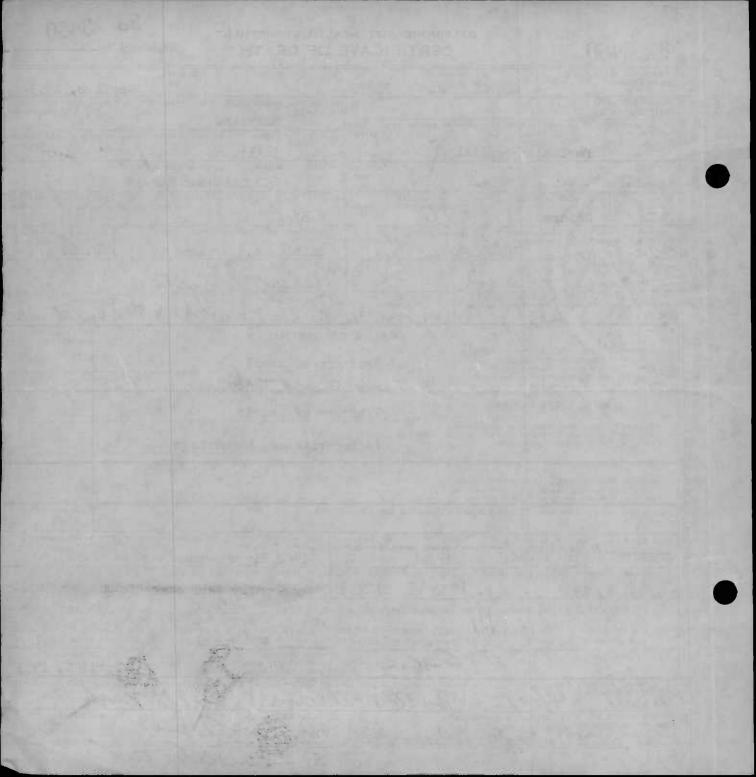
awyer Harford Hoad 6-8 53 No. 3459

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3459 Registered No.

	INTH NO.						
	NAME OF E		n. Arth	ur Edward		2. DATE OF DEATH ADT	il 7, 1953
	Baltimore				4. USUAL RESIDENCE		
H	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location		(If outside comparete limit	
IN	ISTITUTION	St. Jos	enh!s F	lospital	Baltimore	2 7	ts, write RURAL and give township)
7		50. 000	epii 5 i.	Yrs.		(If rural, give location)	11
C.	ength of s	stay in Baltimore	53	years Mos.	407 Evesham		
			WIDOW	MARRIED, ED, OIVORCED (Specify		9. AGE (in years last birthday) Me	onths Days Hours Min.
10	Male A. USUAL OC	White CUPATION (Givekind of		rried OF BUSINESS OR	JUNE 8- 188		12. CITIZEN OF
WOT	Register	of working life, even if retired) ed Nurse	RET	INDUSTRY			WHAT COUNTRY
	S FATHER'S				14. MOTHER'S MAIDEN	NAME	
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or dete	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. Alice	T ANDERS	CORESS 407
	OISEA: (This does heart failt	SE OR CONDITION LEADING TO DEAR s not mean the mode o are, asthenia, etc. It mea complication which e	DIRECTLY I'H I dying, e.g. ns the disease	. (A)Conge	of DEATH		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUS					
Z	DISEASE	S OR CONDITIONS, II	ANY. GIVING	(B)Gener	alized arterios	clerosis	
ATI	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	E DUE TO	mal in 2		
FIC				(c)veren	ral vascular acc	ldent	• • • • • • • • • • • • • • • • • • • •
CERTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED		etes mellitus		
	19A. OATE C	OF OPERATION 0 1	9B. MAJOR	FINOINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA ebout home, fa	CE OF INJURY (e. g., i irm, factory, street, office bldg.,	on or 21c, WHERE DID (NJURY OCCUR?	(If in Baltimore City,	YES NO X
2	21D. TIME OF INJURY	(Month) (Day) (Year)	w	THILE AT NOT WHILE WORK		JRY OCCUR?	
	22. I hereb	y certify that I att			ril 6 , 1953, to	April 7 1953	3. that I last saw the
	deceased a	live on April 7	, 19_53. a	and that death occur	rred at 12:35pn., from	n the causes and on t	he date stated above.
	23A. SIGNA		mol	M. D.	38. ADDRESS	da - Charact	23c. DATE SIGNED
24 TIC	A. BURIAL, ON TEMOVAL (S	CREMA- 24B. DATE Specify)	1(3)		RY OR CREMATORY 240	ine Street LOCATION (City, town, BALTO	
	ATE RECEIVE DCAL REGIST		SIGNATU	RE Miarus MD	25. FUNERAL DIRECTO		ADDRESS RI
	VS 150	6	3	058	er	(

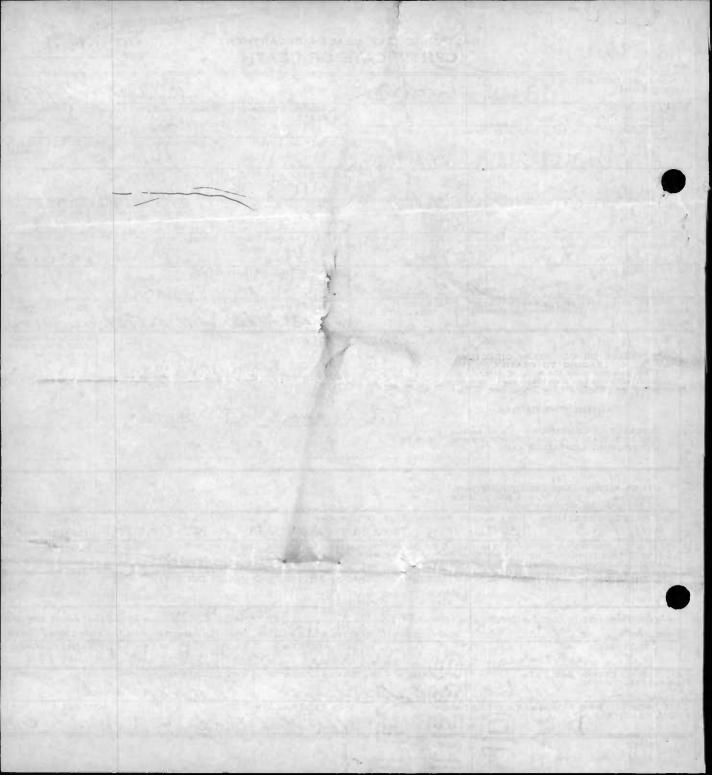
BALTIMORE CITY HE	EALTH DEPARTMENT
53 CERTIFICATI	73.
I. NAME OF DECEASED (Type or Print)	2. DATE OF
GEORGE J. FLOYD	DEATH April 0, 1953
a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Provident Hospital	Baltimore 14-0 2 township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 2	650 Smithson Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years # Under 1 Year Il Under 24 Hours Months: Days Hours: Min.
Male Colored //.	8/6/24 28
10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR work do do during dost of working life, even if retir(d)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Saleman Verfune 6.	Baltimore, Maryland U. S. A.
Charles 7 loyd	Helen Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of drvice) (If yes, give war or dates of drvice) (214-14-88)6	(17. INFORMANT Kane (1) 650 APDRESS
	The state of the s
DISEASE OR CONDITION DIRECTLY	OF DEATH
	ture of skull
heart failure authoris ata It wasang the disease	ural hemorrhage
ANTECEDENT CAUSES	
(a) Frac	ture of pelvis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	operitoneal hemorrhage
II II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
. I SALEMIZ SI SI ZIMITSI	YES X NO
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factor, street Street	n or 21C. WHERE DID (If in Baltimore City, give exact location)
UTING CAUSE OF DEATH. Street	1302 Riggs Avenue
E 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
April 6, 1953 P.m. WHILE AT NOT WHILE AT WORK	x Apparently fell over steps
22. I certify that I took charge of the remains described a	bove, held an Autopsy thereon and for
the evidence obtained by said Autopsy, Inspection or l	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above \square , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	23B, CHIEF MEDICAL EXAMINER 23C. DATE SIGNED
	D. ASSISTANT MEDICAL EXAMINER
A) BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMET	RY OR CREMATORY 240 OCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Huntington Whie gus My	hails year per
VS 151 N8042 0 490 4R	512 Canvellon av.



53 3461

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.			CLIVIII ICAI	L OI DEAT			
(1	NAME OF E	MA	RIE	HOWER	D	2. DA C DE	ATH Up	ril 7,1953
Α.	Baltimore (City, Maryland	al or instituti	on, give street address or	A. STATE A	ENCE (Where dec	county County	institution: residence before admission)
H	OSPITAL OR NSTITUTION	University	ion (location)		(If outside	corporate limit	s, write RURAL and give
C.	ngth of s	stay in Baltimore	3	Yrs.	D. STREET ADDRE	Ess (If rural, gf	ve location)	St.
5.	SEX	6. COLOR OR RACE		. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH			Under 1 Year If Under 24 Hours onths Days Hours Min.
wor	A. USUAL OC k done during most	CUPATION (Give kind of pf working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	Dacob	as	002	14. MOTHER'S MA	IDEN NAVE	1101)	0,01
15 (Ye	5. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Aliel U	la The	ro-170	DDRESS ST.
	18. 15 3	3 X	- 9397	CAUSE	OF DEATH		<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of tre, asthenla, etc. It mea	TH of dying, e.g	(A) {E	Car pr	nidoni	dis	? 9 Pros
	injury or	complication which	eaused death.) DUE TO		0		
Z	5,07,05	ANTECEDENT CAUS		(B) Car	Cemoma	of 6	olen	?
TIC	RISE TO T	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G E DUE TO				
FICA				(C)			***************************************	
CERTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D				
	<u> </u>			FINDINGS OF OPER	RATION	0	0-2:00	20. AUTOPSY7
EDICAL	21A. ACCIE	DENT WAS UNDER .	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE D	ID (If in Bal	timore City, s	yes No No Rolling No R
ME	CAUSE OF			1E. INJURY OCCURR		INJURY OCCU		
	F INJURY	(month) (Day) (real)	' '	HILE AT NOT WHILE WORK AT WORK		INSURT OCCU	KI	
	22. I hereb	y certify that I at		41 /	135/195	70 4/-	1 195	that I last saw the
	deceased a	live on	In the	and that death occur	rred at \ \ \ \ \ m.	, from the caus		he date stated above.
		3. 8mis	6,2	1	38. ADDRESS	sortan E	allo	# 0 53
21	4A. BURIAL.		53	MA. MUL	RY OR CREMATORY	MAIN A	N (City, town,	or county) (State)
	ATE RECEIVE		S SIGNATU	RE	25. FUNERAL DIR	ector tead -	9,8.1	Vecul Hill
	VS 150		2	6'90	44		11.	aver.



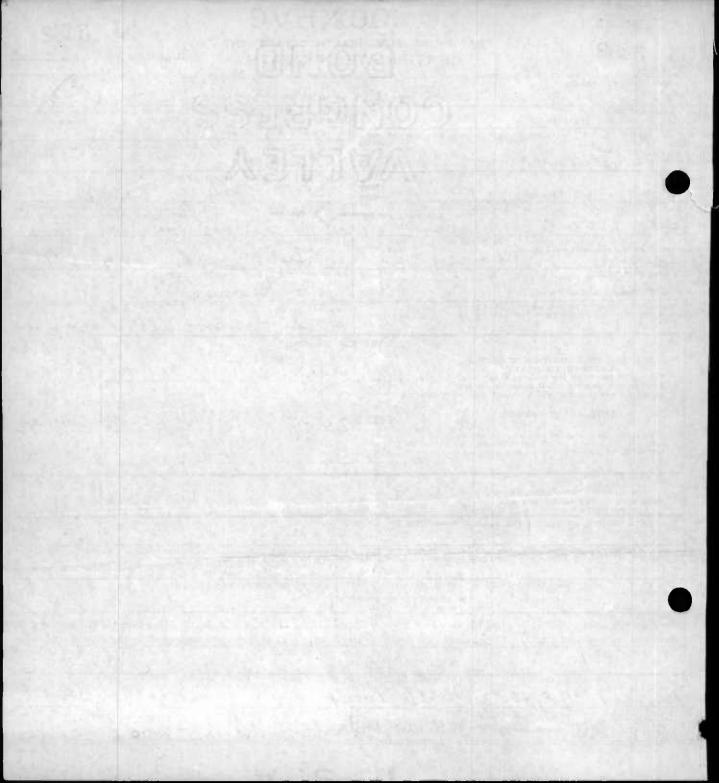
53 3462 BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3462

Registered No.___

BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	BRAHAM	HARA	RISON	2. DATE OF DEATH	4-7-53		
a. Baltimore City, Maryla	and	ion, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)				
HOSPITAL OR	elale	location)					
c. Fength of stay in Balti	more 4	O Yrs.	1000 00	rural, give location)	PIE		
5. SEX 6. COLOR O	R RACE 7. SINGLE	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.		
10A. USUAL OCCUPATION (Coord done during most of working life, eve	Give kind of 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	1- free	jogue	14. MOTHER'S MAIDEN N	AME	1013.7.		
not knows			not Know	m			
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, give	S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	Sough Harris	on - 251	7 Oswen Cu		
18. 193X		CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONI LEADING T	O DEATH	. Tyel	Conephriti	· >	weeks		
heart failure, asthenia, et	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES (B) Tumor of spinal cord / year						
DISEASES OR CONDIT	USE (A) STATING TH	IE DUE TO		***************************************			
I I CA	THOM EAST.	(C)					
OTHER SIGNIFICANT TRIBUTING TO THE DEA	CONDITIONS CON						
TO THE DISEASE OR CO	NOITION CAUSING I		PATION		l 20. AUTOPSY?		
O 214 ACCIDENT WAS IN	103.1110	THE THE STATE OF T			YES NO		
21A. ACCIDENT WAS U		ACE OF INJURY (e. g., in arm, factory, street, office bldg., of	n or 21c. WHERE DID (ste.) INJURY OCCUR?	If in Baltimore Cit	ty, give exact location)		
21D. TIME (Month) (Day		2 1E. INJURY OCCURR WHILE AT WORK WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?			
22. I hereby certify that I attended the deceased from 1-14 133195, to 4-7 , 1953, that I last saw							
deceased alive on 4	-7 , 19.53,	and that death occur	red at 4 pm., from	he causes and or	n the date stated above.		
Her	my M	agel, D. a	levindale	Home	4-7-53		
TION REMOVAL (Specify)	8/19V3	North Por	1 0.1	Bult	own, or county) (State)		
DATE RECEIVED BY REG	STRAR'S SIGNATU	Williams, My	25. FUNERAL DIRECTOR	Inc - 2100	ADDRESS PL		
VS 150	0	• //					



FYJ 168745
53 3463

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

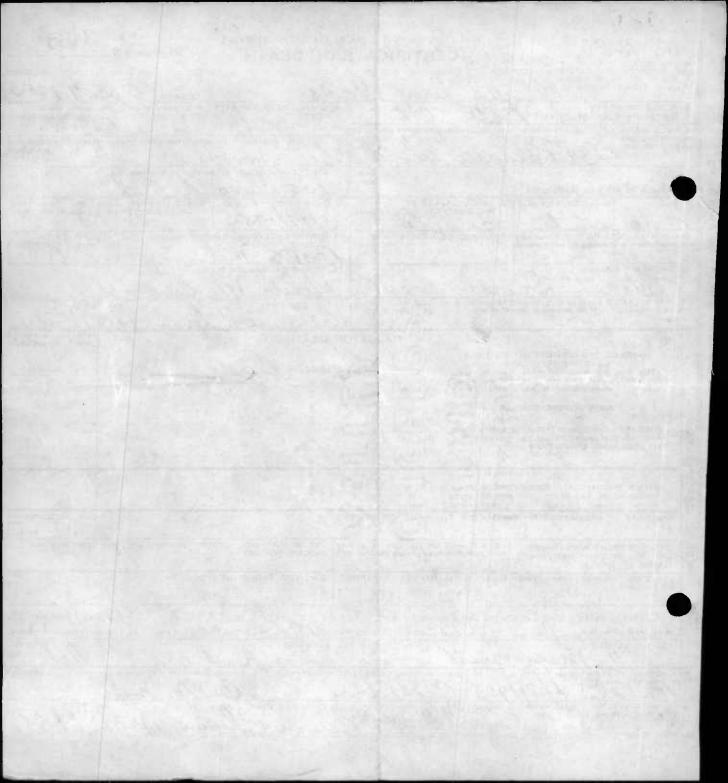
53 3463 Registered No.

B	IKIH NO.						
1.	NAME OF C Type or Print)		Joshia	Thomas		2. OATE April.	7. 1953
A.	Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution : residence before admission)
B.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Avenue						
11				10818	C. CITT OR TOWN	outside corporate ilmite	s, write BURAL and give township)
					Baltimore	11-	0
	sength of stay in Baltimore 50 years Mos. Days				735 Pierce Stre		
	Kale	6. COLOR OR RACE	7. SINGLE WIDOW Se	E. MARRIED. VED, DIVORCED (Specify) parated	June 11, 1880	9. AGE (In years is isst birthday) Mo	Under 1 Year nths Days Hours Min.
1C wor!	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even If retired)	IOB, KINC	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
		Thomas (decea			Sarah Sharp (
(Ye	s, no or naknown)	ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
				SECONITI NO.	B. C. H. 4940 E	agtern Ave.	(recorde)
	18. 23	14		CAUSE (OF DEATH	2000211 2000	INTERVAL BETWEEN
		SE OR CONDITION	DIRECTIV	0,1002	o. DEATH		ONSET AND DEATH
	(This day)	LEADING TO DEAT	TH	Carehr	al Hemorrhage		
	neart railt	ire, asthenia, etc. It mea	ns the diseas	e.	az Hemori i meg e	************************	******
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUS	ES				
Z					ension		
0	OISEASE:	S OR CONDITIONS, I	ANY, GIVIN	IG HE DUE TO		10 · 0 · 0 · 1 · 1 · 0 · 0 · 0 · 0 · 0 ·	*******
A	UNDERLY	YING CONDITION LA	ST.	Genera	lized Arteriescle	rosis	
No.				(C)	***************************************	***************************************	***************************************
ERTIFICATION							
LT.		IGNIFICANT CONDI					
S	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D T			
				FINOINGS OF OPER	ATION		20. AUTOPSY?
A	111111111111	Y					YES NO
N.	21A. ACCID	ENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g., lo	or 2IC. WHERE OID (I	f in Baltimore City, g	
MEDICAL	LYING OF	R CONTRIBUTING [arm, factory, street, office bldg., e		24	ive cance location)
	F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	EO 21F. HOW DID INJURY	OCCUR?	
	114501(1		m.	WHILE AT NOT WHILE	7		
	22 71 1			WORK LAT WORK L	- 16 - , 19 53 to 4 .	2 5	2
		y certify that I att	ended the	deceased from	12.10 = , 19 5) to 4 .	, 19.2	3, that I last saw the
	deceased a	live on	_, 19_22	and that death occur	red at 12:10am., from th	ie causes and on th	
	23A. SIGNA	TURE / A	Λ	2	3B. ADDRESS		23c. DATE SIGNED
		472 () 4 ha	- 1 Du	M. D.	4940 Eastern Ave		4-7-53
TV	AA. BURIAL, ON, REMOVAL (S	Specify) apr 17	153	Bells Chaper	RY OF CREMATORY 245, LC	cation with town,	or county) (State)
DL	ATE RECEIVE	RAR		Williams M.	25 PUNERAL DIRECTOR	10	ADDRESS
-	WAR 8-	TUST THAT	ngion	LINNAMO MA	1/1/100	14000	· Alenta
	VS 150		Q	0			121

Joseph L. Burner Edgeword

53 - 346CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY. before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and sive INSTITUTION township) o. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 1 Year 9. AGE (in years) AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. nor 81mari 1903 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? House Wite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 10.02 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY ni 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. s., in or 21c. WHERE DI (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from. 19_, that I last saw the . 1953, and that death occurred at Im., from the causes and on the date stated above. deceased alive on_ 23A_SIGNATURE 23B. ADDRESS 23c. DATE SIGNED nu 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL, REGISTRAR VS 150

11	1-1120 ×	
	53 3465 D 62 6 DERTHELTH DEPARTMENT	Registered No.
	BIRTH NO. 9 9 - 0 - 9 (0 - 7	
	(Type or Print) Kenneth Lerry Davis	2. DATE OF CAPT. 7-1953
	A. Baltimore City, Maryland Calto. City A. STATE	(Where deceased lived/If institution: residence B. COUNTY before admission)
	INSTITUTION 1/70 PT	If outside corporate limits, write RURAL and give township)
gibly		If rural, give location
le	length of stay in Baltimore Days /05 Lewis	ill Ita.
clearly and legibly	Male 1 1 to the terminal of the second of th	9. AGE (in years last birthday) Months: Days Hours Min.
early	10A. USUAL OCCUPATION (Give kind of work dome during most of working life, even if retired) 10B. KIND OBUSINESS OR II. BIRTHPLACE (State or INDUSTRY)	
5	13. FATHER'S NAME 14. MOTHER'S MAIDEN	NAME U.S.
dean	alton L. Davis Helen W.	1. Grams
10.8	(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS TORRED
ME.	18. 7 F I Y CAUSE OF DEATH	INTERVAL BETWEEN
3	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	la 3 wecho
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
	UNDERLYING CONDITION LAST.	
Ш		
	OTHER SIGNIFICANT CONDITIONS CON.	
	TRIBUTING TO THE DEATH, BUT NOT RELATED	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Н		YES NO
	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blooms, farm, factory, street, office bldg., etc.) LYUNG OF DEATH CAUSE OF DEATH	(If in Baltimore City, give exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJU	RY OCCUR?
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
H	22. I hereby certify that I attended the deceased from 3/17 1951, to	4/7 , 19 53 that I last saw the
	deceased alive on 4/6, 1953, and that death occurred at 145 f.m., from	
	23A. SIGNATURE Brady Smith M.D. Rurera Rea	1 23c. DATE SIGNED 4/8/53
	24A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D.	LOCATION (City, town, or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS ADDRESS
	VS 150	ening 1476 hight 14.



BALTIMORE CITY HI Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years) BAMARRIED. If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HI Wefe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Olsease Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK , 1953, to 4-6 4-6-, 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ 1955, and that death occurred at S. Yell., from the causes and on the date stated above. deceased alive on 4-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Gurial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3467

1. NAME OF DECEASED (Type or Print)	ward C. (Fisher) Rei	ssland	2. DATE OF DEATH	April 7th., 1953		
a. Baltimore City, Maryland		A. USUAL RESIDENCE () A. STATE Meryland	Where deceased lived. B. COUNTY City	If institution; residence before admission)		
B. FULL NAME OF (If not in hospital of HOSPITAL OR 1739 Harford Amount of Hospital or	or institution, give street address or venue					
ength of stay in Baltimore	55 Yrs. Mos. Days	D. STREET ADDRESS (III	rural, give location) Avenue			
5. SEX 6. COLOR OR RACE 7 Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH Dec.17th.,/882	9. AGE (in years last birthday)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Givehind of work domeduring most of working life, even if retired) Stationary Engineer (re-	INDUSTRY	11. BIRTHPLACE (State or) Baltimore Count;		12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Katherine Reissland				
15. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no or unknown) (If yes, give war or dates of NONe	orces7 16. SOCIAL SECURITY NO. A	17. INFORMANT Mrs.Eurith L.Re	eissland-173	ADDRESS 9 Harford Ave.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION C				20. AUTOPSY?		
	21B. PLACE OF INJURY (e. g., it about home, farm, factory, etreet, office bldg., a		ii in Baltimore City	y, give exact location)		
21D. TIME (Month) (Day) (Year) (H. OF INJURY	Iour) 21E. INJURY OCCURRE m. WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?			
dcceased alive on that I attend		red at 1 6 m., from	the causes and on	3, that I last saw the the date stated above		
23A. SIGNATURE	uello M.D.	1 New ENVE	1 70Z	4 Fold		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 4-10-	24c. NAME OF CEMETER Loudon Park C	emetery Free	location (City, to	Balto:Mā.		
DATE RECEIVED BY REGISTRAR'S S	A- 141:00:	25. FUNERAL DIRECTOR George J. Ruth Inc	1735 Harf	ord Avenue		
vs 150 +/	58331) John	me Age)·		

boats the (matrice) bearing 0 91, 300017434 . . . Will live und text came and only delight, make what t TO THE STATE OF A PARTY. THE PARTY OF THE P Apply and the contract of the

	DECEASED			2. DATE	
(Type or Print)		zabeth G Basil		OF DEATH April	5 1052
	City, Maryland	220 Brook Ave	4. USUAL RESIDENCE (V		stitution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit.	al or institution, give street address or location)	c. CITY OR TOWN (If Baltimore	f outside corporate limits,	write RURAL and gi
Length of	stay in Baltimore	Yrs. Mos. Days	6220 Brook Ave	rural, give location)	
5. SEX Female		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH July 14 1864		der 1 Year 16 Under 24 Hou hs Days Hours Mir
10A. USUAL O work done during mod At hom	CCUPATION (Give kind of tof working life, even if retired) E	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1;	2. CITIZEN OF WHAT COUNTR
13. FATHER'S			14. MOTHER'S MAIDEN N		6 5. 6 2 h s
	Jams Gourl	V	Mary F. Weaver		
15. WAS DECEA (Yes, no or unknown NO.	ou, no or unanown) (11 yes, give war or dates of service) SECURITY NO.		DRESS		
	ANTECEDENT CAUS	SES			
O DISEAS RISE TO UNDERI	ES OR CONDITIONS, IS THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE TO			
DISEAS RISE TO UNDERI UNDERI UNDERI UNDERI UNDERI UNDERI UNDERI	THE ABOVE CAUSE (A)	F ANY, GIVING STATING THE DUE TO ST. (C)			
RISE TO UNDER!	THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVING STATING THE DUE TO ST. (C)			20. AUTOPSY? YES NO
19A. DATE 19A. DATE 21A. ACCI LYING	THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDITION DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDER- OR CONTRIBUTING	F ANY, GIVING STATING THE DUE TO ST. (C)	RATION in or 21c, WHERE DID ()	If in Baltimore City, giv	YES NO
TO THE 19A. DATE 19A. ACCI LYING CAUSE OF	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I DENT WAS UNDER- DE CONTRIBUTING TO DEATH (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT. 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office hidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	RATION in or 21c. WHERE DID () oto.) INJURY OCCUR? EED 21F. HOW DID INJUR		YES NO
TO THE 19A. DATE 19A. DATE 21A. ACCI LYING CAUSE OF 21D. TIME OF INJURY 22. I here	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I DENT WAS UNDER- TO CONTRIBUTING TO DEATH (Month) (Day) (Year) by certify that Latt	TIONS CON- NOT RELATED CAUSING IT. 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office hidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	RATION in or 21c. WHERE DID (100c) INJURY OCCUR? RED 21F. HOW DID INJURY	Y OCCUR?	ves No e exact location)

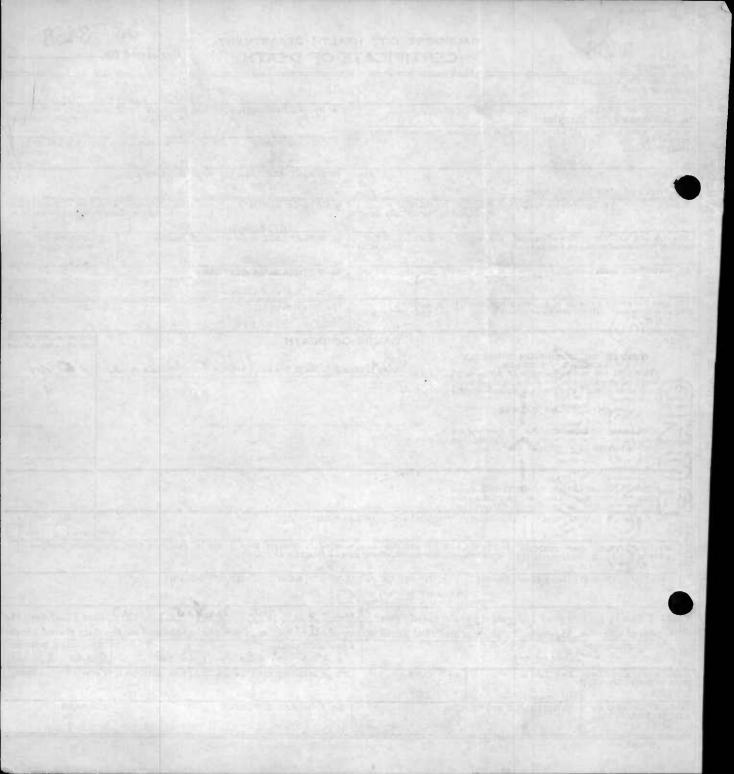
DATE RECEIVED BY LOCAL REGISTRAR

Apr. 8, 1953 E Baltimore

Baltimore, Md. 25. FUNERAL DIRECTOR

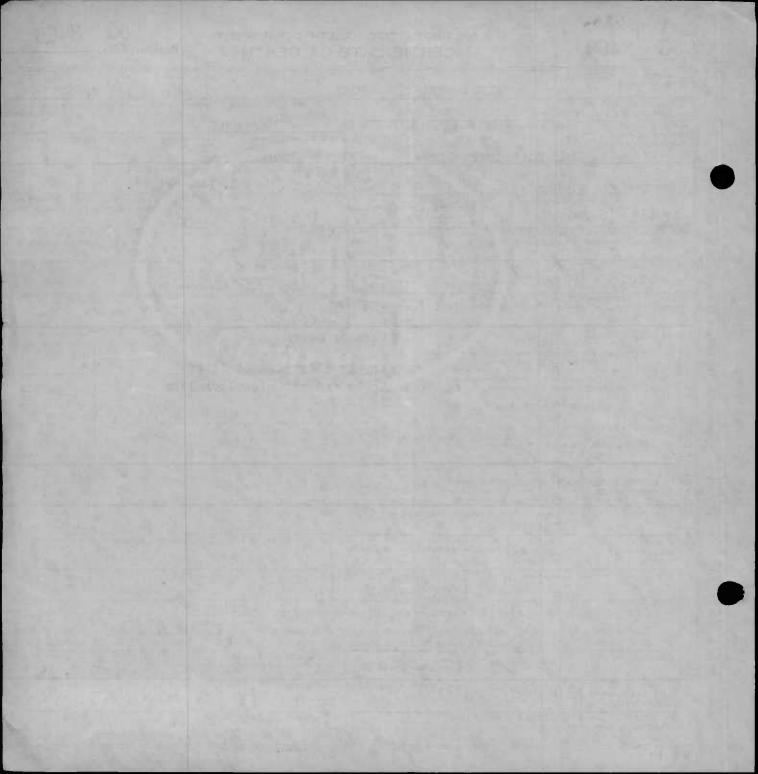
ADDRESS

withouton Wellause, Mc Ullrich Funeral Home 2008 Orleans St.



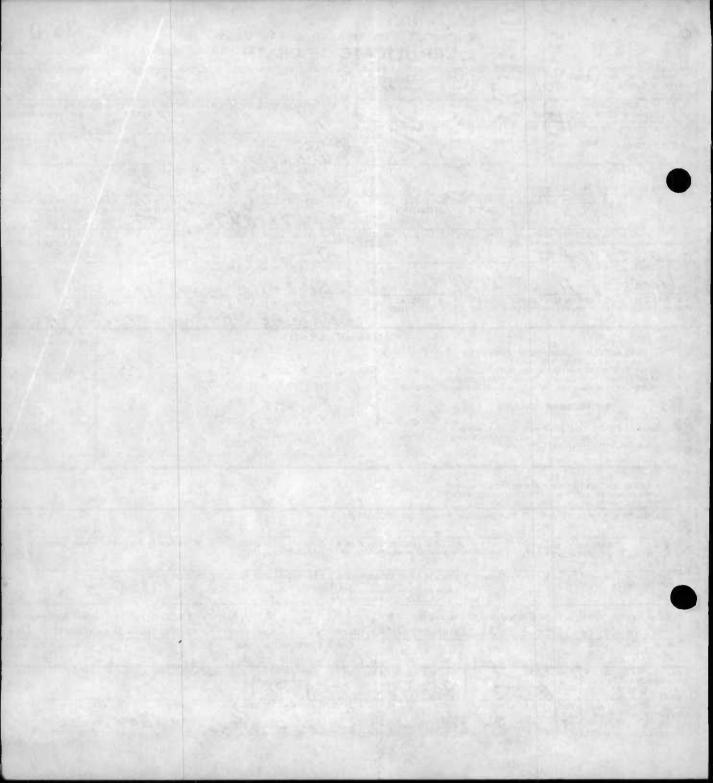
M	rta
VITE PLA	importa
	ΙΙΛ
PL	ecia
WRITE	esp
'RI	20
	age 18
PLEASE	
PLE	correct

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ALEXANDRIA PACKS April DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City, Maryland B, COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2625 N. Calvert Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2625 N. Calvert St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORCED (Specify 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yest last birthday) Months: Days Hours: Min. Female White vorce 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fatty infiltration of liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Acute and chronic alcoholism ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. LL 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X CA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIBā UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of, accident [], suicide [], homicide [], undetermined []. 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER .. X 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... April 244. BURIAL, CREMA-24B. DATE 24C. NAME OF GEMETERY OR CREMATORY 240. LOCATION (City, town, or county) con DATE RECEIVED BY 28. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 151



DAMO

5	3 34	70			EALTH DEPARTM		d No
	RTH NO.	J 1.5		CERTIFICAT	E OF DEATH	registere	u No.
(T;	NAME OF D ype or Print)	ESTELLA	Th	lomas		2. DATE OF DEATH	Apr1153
A.		City, Maryland			A. STATE	CE (Where deceased lived, B. COUNTY	
HC	FULL NAME	OF (if not in hospit	al or instituti	tion, give street address or location)		(If outside corporate li	mits, write RURAL and give
IN	STITUTION	velsite "	400 60	del	BALTIM	AFF /	1-0 (township)
			1	Yrs.	D. STREET ADDRESS	10-01	
7		tay in Baltimore		Mos. Days	414 N.C.	HREY 31.	
	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, VED/DIVORCED/(Specify)	10-17-18	9. AGE (In years last irthday)	Months Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	0050	MITE			BALTIM	OPT	WHAT COURTE
13	1	11 . 11	10-1	/	14. MOTHER'S MAID	EN NAME	
15	WAS DECEASE	ED EVER IN U. S. ARMET	SOPOES	Las cocial	154 Dell+	2 CARFY	
(Yes	, no or unknown)	(If you, give war or date	a of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	10-6-4 M	ADDRESS
1	18. 574.	1- 0.1	5 1 . [CALISE	OF DEATH	MODER 71	INTERVAL BETWEEN
	0/10	SE OR CONDITION	DIRECTLY	X	OF DEATH	1 1	ONSET AND DEATH
		LEADING TO DEAT	TH	My pe	alensing (ardie varcul	a unknown
	heart failu	re, asthenia, etc. It mea	ans the disease	ie, 11/1	en B	••••••	
		ANTECEDENT CAUS		14	1100	41	-1/-
Z				(B) Inle	stend Obt	Cuchon	24 1/31
NOIT	RISE TO T	S OR CONDITIONS, II	STATING TH	HE DUE TO			
OA	UNDERLI	YING CONDITION LA	ST.	(C)			
ERTIFICA		- 11			4 , 1/	2 1 1	
R		IGNIFICANT CONDI			11 ///	11 1. 1.	
ö	TO THE DI	ISEASE OR CONDITION	CAUSING IT	T. CROCGO	ces of his	of welling	1
AL	19A. DATE O	F OPERATION 1	9B. MAJUK	FINDINGS OF PEF	RATION	0	20, AUTOPSY?
EDICAL		ENT WAS UNDER		ACE OF INJURY (e.g.,		(If in Baltimore Cit;	y, give exact location)
MEC	CAUSE OF	R CONTRIBUTING DEATH	MOORE BOING, 1	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	7 3 3 3 5	
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		NJURY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
				deceased from 5		to 6 April, 19	53 that I last saw the
			L, 1953	and that death occur		rom the causes and or	n the date stated above.
	23A. SIGNAT	URE	fr	6	Vniversity	Hospita	23c. DATE SIGNED
24	A. BURIAL, C	CREMA- 24B. DATE	1	M. D. 24C. NAME OF CEMETE	200	24D. LOCATION (City, to	wn, or county) (State)
51	REMOVAL (S	pecity) 4/10/5	-3	ARRITUS	MEM. PK		The second the
	TE RECEIVE		SSIGNATU	IRE S	25. FUNERAL DIREC	TOR A A	ADDRESS
A	MR R- W	32 Huntry	stor 1	Vollaus, Max	Beel. D. Ko	Cho. W 130	4 M. CENKAL
	VS 150		0		1 1 1 1 1		AN

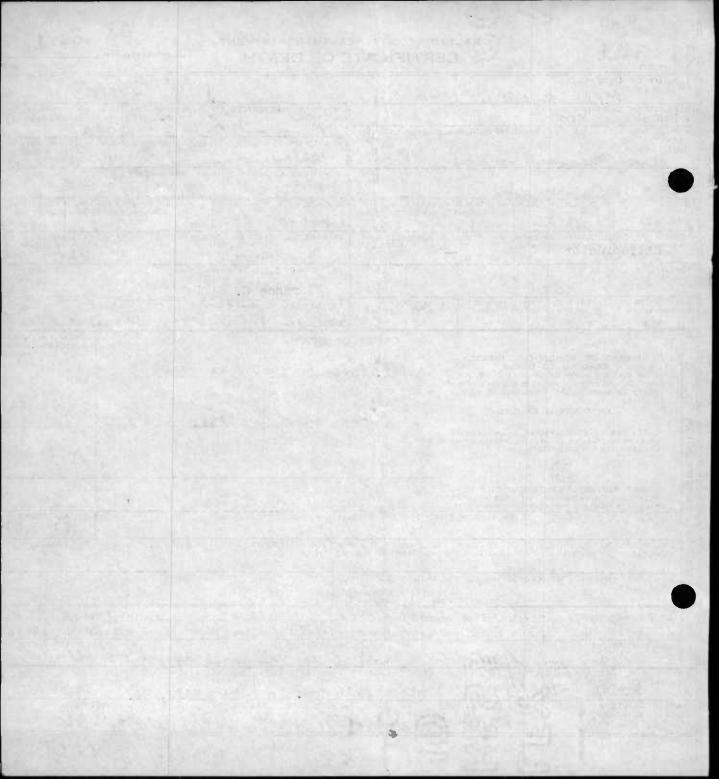


53 3471

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3471 Registered No.

B	RTH NO.							
	NAME OF DE		4 Nor	THA M		2. DATE OF 4/	7/5-3	
	PLACE OF DE Baltimore C		- /VOA	1 11/1//	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)	
В.	FULL NAME (al or institut	ion, give street address or location)				
	STITUTION	10.	1. 1	1	c. CITY OF TOWN	If outside corporate limit	s, write RURAL and give township)	
	Union	mamoral f	tos peta	Yrs.	o. STREET ADDRESS (1	f rural, give location)	0	
C.	Length of st	ay in Baltimore	Le	Mos. Days	3001 St Paul St			
	SEX	6. COLOR OR RACE	VSINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours on the Days Hours Min.	
1	emale	white	ma	med	april 13, 1893	59		
worl	done diving most of	CUPATION (Give kind of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S N	AME			14. MOTHER'S MAIDEN	VAME		
	Robert	5 Power	el .		Florence C. E	Illis		
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME! (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT / 400	and - A	DDRESS	
	HA	-		-	Dir Edgar Huortha	m, 3001 St	Paul St # 18	
	18. 153	*		CAUSE	OF DEATH		ONSET AND DEATH	
15	DISEAS	E OR CONDITION LEADING TO DEA		11.1.	10			
	heart failui	not mean the mode re, asthenia, etc. It mes complication which	of dying, e. g ans the diseas	e,	mini Cartinom	2+000		
		[2] B. (1988) B. (1987) [1987] 전상 (2) [1982] [1982] 전 (2) [2] [1984] 전 (2) [2] [1985] [2] [2] [2] [2] [2] [2]						
Z	· lama · · · · · · · · · · · · · · · · · ·							
RTIFICATION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH					
2	0,12,11,12,1						10 10 10 10 10	
E		11		_(C)				
CER	TRIBUTING	IGNIFICANT COND TO THE OEATH, BUT ESEASE OR CONDITION	NOT RELATE	D				
ب	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICA	21A. ACCIDE	NT, SUICIDE,	1 218. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)	
		(Specify)		arm, factory, street, office bldg.,				
Σ		Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR7		
	OF INJURY		m.	WHILE AT NOT WHILE				
	22. I hereby	y certify that I at		_ /	18 1952, to	4/7 , 195	3 that I last saw the	
	deceased al	ive on 4/7	4.0	and that death occur	rred at 72 pm., from		he date stated above.	
	23A, SIGNAT		0		3B. ADDRESS	0 4-20	23C. DATE SIGNED	
2.	4A. BURIAL, C	REMA-1/2/4B. DATE	cyno	M. D.	Memore RY OR CREMATORY 240.	LOCATION City, town	or county) (State)	
TI	on, removal (S) Buri	REMA- 2/4B. DATE pecify) 4/10/5	(3	Whatcoat Me	th Cem. Sn	ow Hill. Md.		
	ATE RECEIVED	BY REGISTRAR	S SIGNATL		25 FUNERAL DIRECTOR		ADDRESS	
	APR 8-	Party Tues	trugtor	- Worliams A	W/Vm:	spener 4	XMS	
	VS 150		0	4 - 6		Bush in	Mad	
11				0069	75	Daw. 1/	, mu.	

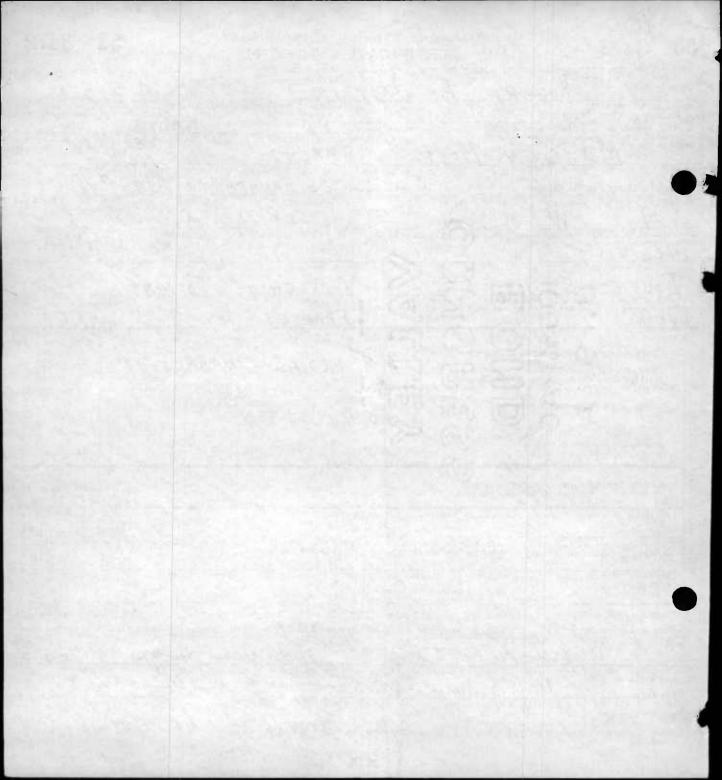


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 3472

3 Irm

BIRTH NO.	
(Type or Print) ROBERT E. JOY	JR. 2. DATE OF DEATH 4-7-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate mits, write CURAL and give
INSTITUTION MD. GEN. HOSP.	BALTO. 4-00 township)
ength of stay in Baltimore 36 Yrs.	906 BONAPARTE AVE. #18
5, SEX 6, COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-28-// 9. AGE (In years It Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) MAC U / M / C	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT E. JOY. SR.	CATHERINE THOMAS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
UNKNOWN	FRANCES JOY SAME
4011	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ARDIAL NEARCTION I DAY
(This does not mean the mode of dying, e.g., (A)	
ANTECEDENT CAUSES	
Z (B)	BESITY
INDERLYING CONDITION LAST	
(6)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.,	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DOUBLE DOUB	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 4	1963, to 4-7, 1953 that I last saw the
	rred at 3.30 Am., from the causes and on the date stated above.
Agrickworth M.D.	md. Jen. Hosp. 4-7-53
24A. BURIAL, CREMAY 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY (24D. LOCATION (Chy, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS
LOCAL REGISTRAR Huntington Black & 5	
The state of the s	Clinia for Contilling 449 Bulanikel
VS 150	43 L



53 3473 BIRTH NO.	CERTIFICATI		Registered No.	1/3
1. NAME OF DECEASED (Type or Print)	2 1/100		2. DATE OF DEATH	5-3
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit	Baltimasi al or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If institution	on: residence efore admissio
HOSPITAL OR INSTITUTION 39 Nem	nuel (location)	c. CITY OR TOWN (If	outside corporate limits, wate l	UPAL and gi townshi
Length of stay in Baltimore	Yrs. Mos. Days	5.439	gural, give tocation)	2
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	epul 3 1894	9. AGE (In years f Undo Years last birthday) Months Da	ys Hours Mi
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	Neurl Ric		IZEN OF AT COUNTR
13. FATHER'S NAME	26	14. MOTHER'S MAIDEN NA	armen les	iano
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, ac or unknown) (If yes, give wer of date	16. SOCIAL SECURITY NO.	7. INFORMANT Dec	22,3778 Widm	enlar
ZOOLISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which control to the complex of the conditions, it is not the conditions of the conditions of the conditions of the condition of	of dying, e.g., ins the disease, haused death.) Due To SES (B) (B) (B)	no-Vacalor Ale entensive Cardio	Vascular Disese	dag
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	9B. MAJOR FINDINGS OF OPER		YE	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, fectory, street, office hidg., e		f in Baltimore City, give exac	t location)
Σ				
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK			
21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att dcceased alive on	m. WHILE AT NOT WHILE AT WORK AT WORK ended the deceased from , 1953, and that death occur	7950, 19, to Ored at 11:451.m., from the	pr. 6, 1953, that he causes and on the date	stated abou
21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att	m. WHILE AT NOT WHILE AT WORK AT WORK ended the deceased from , 1953, and that death occur	red at 11:45 1.m., from the 138. ADDRESS ADDRESS ARY OR CREMATORY 240, LC	pr. 6, 1953, that he causes and on the date	stated about SIGNE

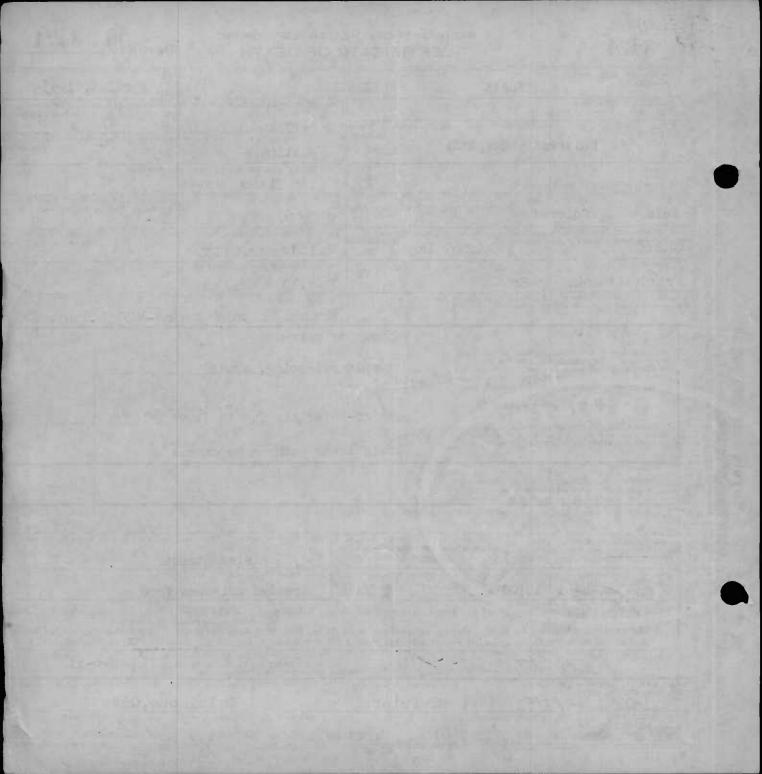
Loy M. junnernan 2858 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT

12. CITIZEN OF WHAT COUNTRY? ADDRESS Frank Alexander Sr -423 S. Paca St INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY X (If in Baltimore City, give exact location) Ingested poisoned food thereon and from 23C. DATE SIGNED 24D. LOCATION (City, town, or county) Baltimore, City ADDRESS 100 W. Montagney

before admission)

township)



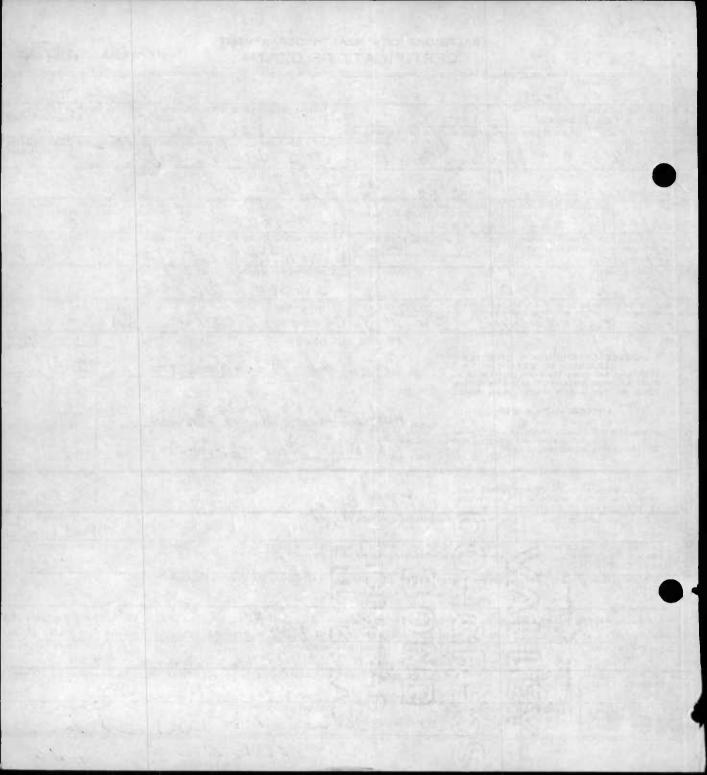
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3475

BIRTH NO. 09/10						
1. NAME OF DECEASED Archie Cole	2. DATE OF DEATH 4-6-5	3				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution:	residence re admission)				
B. FULL NAME OF (If not in hospital or institution, give street a	ddress or location) C. CITY OR TOWN If outside corporate limits, write ROI	Alandaive				
INSTITUTION 2702, C/ALIM COUNT	+ BAltimore 25	township)				
	Yrs. D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 3 4 4000 -	Days 12/02 LIAT I'M COUPT	If Under 24 Hours				
MALE NETVO MArried	O (Specify) 3-17-1887 last birthday) Months Days 20					
10A. USUAL OCCUPATION Give kind of lob. KIND OF BUSINES: work done during most of working life, even If retired)		COUNTRY?				
Stevedore 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	H				
Archie Cole	Susie white					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURIT	17. INFORMANT ADDRESS					
yes aug 3,1918-3-17-19 8-10-14	178 CAtherine CO/e. SAME	-				
918. 592 x	AUSE OF DEATH INTERV.	AND DEATH				
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	erebral Accident 120	lan.				
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7				
Injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	Upertensive Heart Disease -					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	: N -1.1.					
UNDERLYING CONDITION LAST.	thronic rephritis -					
L II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ellepsy, Chronic 1	34m.				
TO THE DISEASE OR CONDITION CAUSING IT.		UTOPSY?				
U 214 ACCIDENT WAS LINDED. 1 218 PLACE OF INJUR	YES	ND				
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, about home, farm, factory, street, about home.	RY (e.g., in or office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact leading to the confice bldg., etc.)	oeation)				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY C						
m. WHILE AT WORK	NOT WHILE					
22. I hereby certify that I attended the deceased fro	om May , 1948, to yers 6, , 1953, that I le					
dcceased alive on 4-5, 1953, and that dea	th occurred at \$:30 m., from the causes and on the date st	TE SIGNED				
My b. Luck	M.D. 427 Swale and 4-6	-53				
24A. (BURIAL, CREMA- TION, BEMOVAL (Specify) 24B. DATE 24C. NAME OF	CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county)	(State)				
Burial 14/9/53 Baltimo	re National Ct Baltimore City					
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Sacah & D					
A Maria Company	t. June 18th	-				

VS 150

94055 los w monlyoney-1'

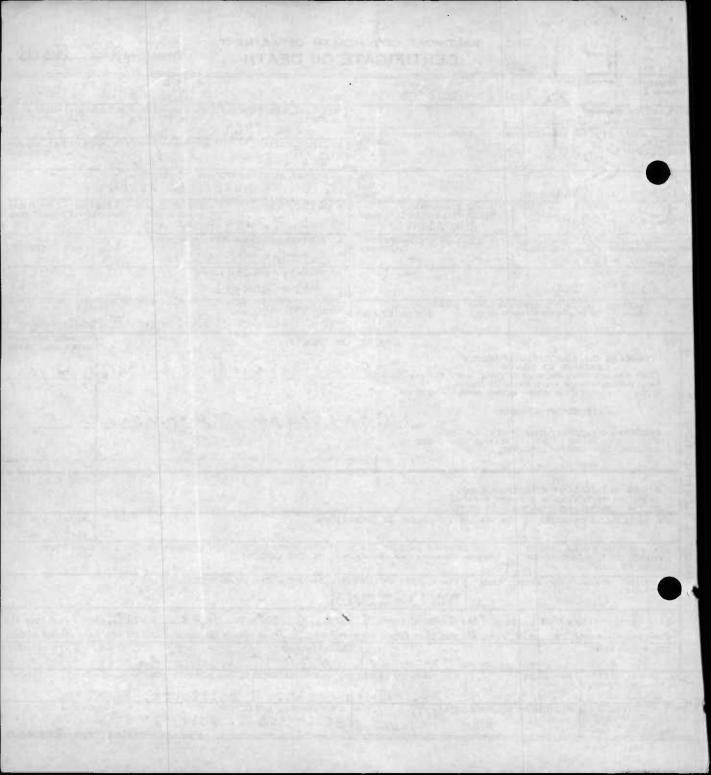


435

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3476

BIRTH NO.					
Type or Print) Amelia Moulden	2. DATE OF April 6,1953				
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR 1000 RINSTITUTION 2106 Pennsylvania Ave.	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission) Maryland				
c. Length of stay in Baltimore Years Years Mos. Days	D. STREET ADDRESS (If rural, give location) 2106 Pennsylvania Avenue				
Female 6.COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) Married	Sept. 7, 1801 91				
10A. USUAL OCCUPATION (Glvekind of ork doneduring most of working life, even if retired) House Wife 3. FATHER'S NAME William Curtis	11. BIRTHPLACE (State or foreign country) Calvert Co. Md. 14. MOTHER'S MAIDEN NAME Mary Howell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mary Henson 2106 Pennsylvania Ave				
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CORO NARY THROMBOSIS (B) CORO NARY THROMBOSIS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About bome, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING About bome, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?) 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK					
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) Burial 4/9/53 Mt. Aubury DATE RECEIVED BY A REGISTRAR'S SIGNATURE	rred at 7 km., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED (State) REPLY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 125. FUNERAL DIRECTOR: ADDRESS				
LOCAL REGISTRARY Tuntington Welliams, A	Arlington S. Phillips 1808 N. Monroe Street				



3 3477 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	T Registered I
1. NAME OF DECEASED	0,	0-44'0	2. DATE

	Type or Print)	ambi	not	Lugs	nam	OF DEATH	pril 5,195
A.	PLACE OF DEATH: Baltimore City, Maryland			0	4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	In institution: residence before admission
H	FULL NAME OF (If not in hosp ospitation JOHNS HO			t address or location)	c, CITY OR TOWN (If o	outside corporate lim	its, write RURAL and give township
c.	Length of stay in Baltimore			Yrs. Mos. Days	b. STREET ADDRESS (If r	nral, give ocation)	hard Jone
5.	Female Colored		E. MARRIED WED, DIVOR		2-16-1918	9. AGE (in years last his thday)	If Under 1 Year If Under 24 Hours Min.
1 C	A. USUAL OCCUPATION (GIve kind a done during most of working life, even if retired	of 10B. KIN	D OF BUSIN	ESS OR INDUSTRY	Mary lan	reign country)	12. CITIZEN OF WHAT COUNTRY
	Enlat	ande	m		14. MOTHER'S MAIDENTIA	Foster	/
15 (Ye	s, no or unknown) (If yes, give war or te	ED FORCES?	16. SOCIA SECUE	L RITY NO.	17. INFORMOTINS HOPE	INS HOSPITA	ADDRESS
	DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which	ATH of dying, e. eans the disea	g., (A) se,		ouo-cardiac	failure	S webs
7	ANTECEDENT CAUSES Pullupuary tuberculous						6 years
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Horacoplaty, At.						4 years
CERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	NOT RELAT	ED -				
CAL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS	OF OPER	ATION		YES NO
1EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJU			in Baltimore City,	, give exact location)
2	INJURY (Month) (Day) (Year	r) (Hour)	WHILE AT	OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that La deceased alive on	ttended the	e deceased f	rom 3	-2 1953, to 1		5.4that I last saw th the date stated above
	23A. SIGNATURE	1 hel	us.	м. р.	38. ABOHRS HOPKINS	HOSPITAL	6 April 53
TI-	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	-53	MT	A	burn Pa	140. N	on, or county) (State)
	ATE RECEIVED BY REGISTRAL	R'S SIGNAT	URE COLUMN	on Mine	C.R. Waw 8	o 2 Man	lison Ave.
-							

and assign processing 39 A. W. A. the standard the 12300 9 11 E 5 3 113 3 3

3 3478

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3478

-								
(7	NAME OF DE	ECEASED	Ange	=10 K	BIBNICA	2. DATE OF DEATH	4 4.6	6.53
3	. PLACE OF DE Baltimore C	eath: lity, Maryland / '	754	William	A. STATE	ENCE (Where deceas		tution: residence before admission)
B.	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address of location	c. CITY OR TOWN		orato limita A	ite KURAD and give
11	NSTITUTION				1//	TIMOC	1 1 1	township)
			LE MAN	Yrs. Mos.	D. STREET ADDR	1 1 1 1		7
-	. Length of st	ay in Baltimore	7 SINGLE	Days MARRIED.	1 8. DATE OF BIRTH			1 Year It Under 24 Hours
	17.	w.	WIDOW	ED, DIVORCED (Specify		14 last Mr	theay) Months	Days Hours Min.
TOP	k done during most o	CUPATION (Give kind of forking life, even if retired)	-	OF BUSINESS OR INDUSTR	Y /-	State or foreign/count	ry) 12.	CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S N	AME BIONS		12	14. MOTHER'S MA	11.1		
1:	5. WAS DECEASE	D EVER IN U. S. ARMEI		16. SOCIAL		MICHOU	/	
(Ye	es, no or unknown)	(If yes, give war or date	e of service)	SECURITY NO.	17. INFORMANI	1/4-0	AME	
	18. 160X		4	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	}	E OR CONDITION LEADING TO DEA	TH	Can	en e			la mos
	heart failur	not mean the mode of re, asthonia, etc. It mea complication which of	ns the disease				****************	***************************************
		ANTECEDENT CAUS		, 502 10		00		9/23/-
NO		OR CONDITIONS, I		(B) Aque	mous cel	Carcino	no of	70002
ATIC	RISE TO TH	TE ABOVE CAUSE (A)	STATING THE	E DUE TO			nne	
FIC				(C)	•••••••••••••••••••••••••••••••••••••••			***************************************
ERTI	OTHER SI	GNIFICANT COND	TIONS CON					
CE	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT	D				
AL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
EDICAL	LYING OR	ENT WAS UNDER CONTRIBUTING	218. PLA about home, fa	CE OF INJURY (o. g., arm, factory, atreet, office bldg	in or 21c. WHERE D	OID (If in Baltim	ore City, give	exact location)
Σ	CAUSE OF I	Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
(INJURY		m. W	WORK NOT WHILE				
	22. I hereby	y certify that I att	conded the		-	210 april	6, 1953 th	at I last saw the
			1953	and that death occi		, from the causes	and on the d	ate stated above.
	23A, SIGNAT	WEL HSa	u an		238 ADDRESS S	out and	2:	A CATE SIGNED
2 TI	4A. BURIAL, CON, REMOVAL	REMA- 24B DATE	.532	4c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City, town of c	
	ATE RECEIVED		S SIGNATU		23. FUNERAL DIR	ECTOR		DRESS
L	ADD Q-	RAR Huntin	ston 1	Edlieus- Mi	wo. T.	de Cen		
	VS 150	909	0		130 5	Fort	ALE.	
					1200.		/	

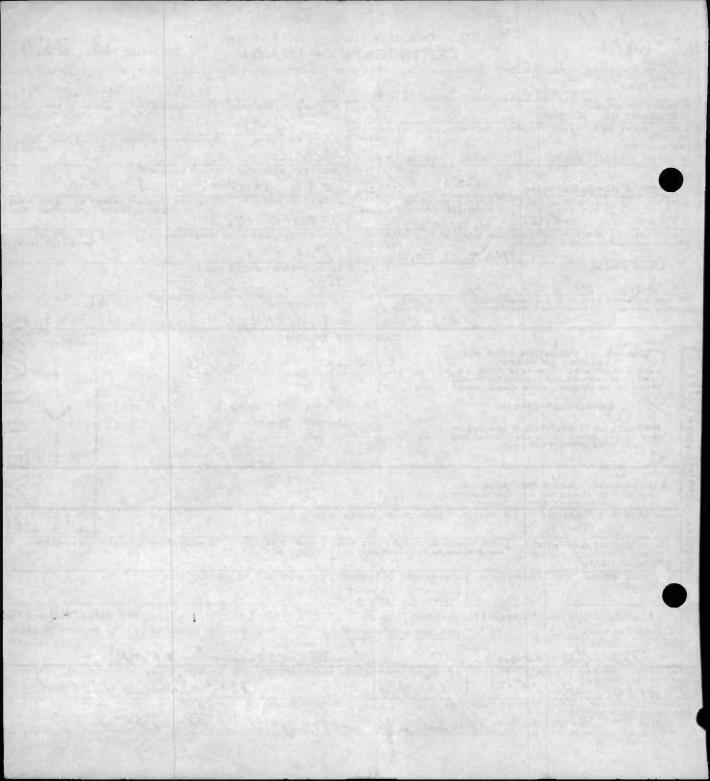
-	120
53	3479
BIRTH	NO.
1. NA	ME OF DECEAS

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3479

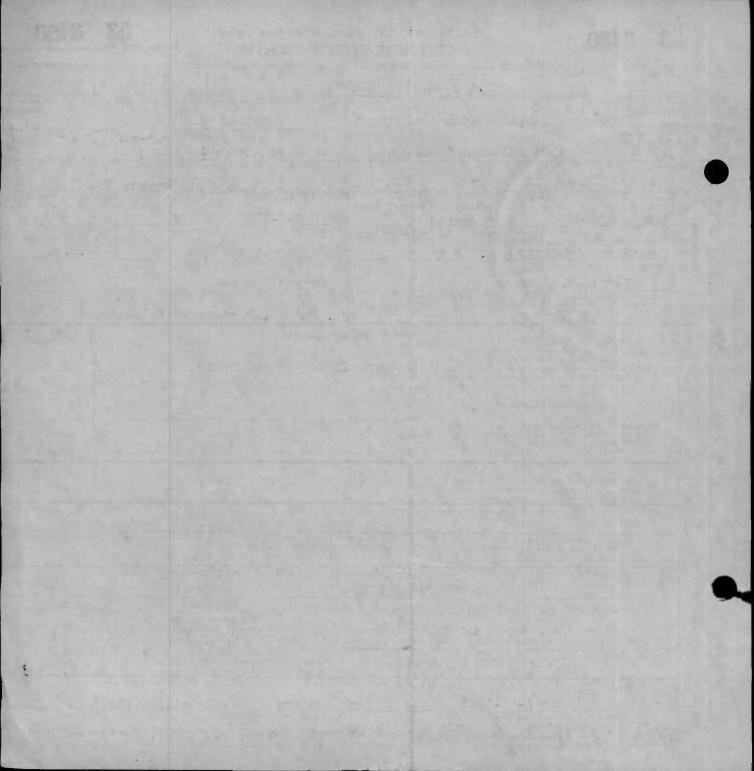
ВІ	RTH NO.			CERTIFICATI	E OF DEATH		
1.	NAME OF D	ECEASED				2. DATE	. 7
			t WI	ECIECH		DEATH APRI	4/1853
A.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If i	nstitution : residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospi	tal or institutio	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits	, write URAL and give township)
Se	uTH BI	HATCHOOD RE C	TENERAL	HOSPITAL !	BALTIMORE	5 31 5-	O F CONTISTIED!
_	Ougth of s	tay in Baltimore	53	Yrs. Mos.	o. STREET ADDRESS (If 1		ST
5.	SEX	6.COLOR OR RACE		MARRIED.	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours
	MAKE	WHITE	WIDOWE	ED, DIVORCED (Specify)	MARCH 15-1883	last birthday) Mor	nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind not working life, even if retired	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	and the same of	LOR	HOPKIN	the state of the s	POLANG		WILL COOKING
13	FATHER'S	NAME	177-1111	, 60	14. MOTHER'S MAIDEN NA	ME	
5	MON	WIECI	ECH	chesty (m)	FELICIA Z.	ACZEK	
	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
`				212-03-0702	DR MICHAEL	T Wiscise	4 707 S.ANN
	18. 1 . 1	2 🗸		CAUSE	OF DEATH		INTERVAL BETWEEN
	44.	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	CERE.	BRAL THROMBOS	(15	
	heart failu	not mean the mode are, asthenia, etc. It me	ans the disease	, (^)			
83	Injury or	complication which	caused death.				
		ANTECEDENT CAU	SES	Hyper	TENSIVE CARDIO	DASCULAR	
Z	5.55.55			(B)	DISEASE		***************************************
NOIF	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A	STATING THE	•			
4	UNDERL	YING CONDITION L	AST.	(C)		•	
FICA				\			
RTI							
ER	TRIBUTING	SIGNIFICANT CONE S TO THE OBATH, BUT	NOT RELATE				
บ		ISEASE OR CONDITIO					
_1	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL		JONE 1	1			* ' P !!' G''	YES NO
MEDI		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i rm,factory,street,office bldg.,		f in Baltimore City, g	ive exact location)
2		(Month) (Day) (Year	r) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
T	FINJURY			HILE AT NOT WHILE			
	20 7 1		m.	WORK AT WORK	UARY 27 , 1953, to AP	RIL 7 105	3.1
	22. I hereo	y certify that I at	tended the c	deceased from	10:302	, 19	, that I last saw the
	23A, SIGNA		, 19_3/. a		rred at 10:307 m., from ti	ne causes and on th	23c. DATE SIGNED
	204	ulbour		8	- A A .	Seal Hosp.	23C. DATE SIGNED
2	AA. BURIAL,		7 12	4c. NAME OF CEMETE		OCATION (City, town,	or eounty) (State)
TH	ON, REMOVAL	Specify)	59	HOLY Pas	722	- 4	10001
_6	BURIAL		03 1	1100	AKY KSS	Vermon!	ADDRESS .
	ATE RECEIVE		SIGNATU	RE	25. FUNERAL DIRECTOR	1/// 2.	ADDRESS
	APK 8-	- 134 miling	son Viel	LEGUA- Miss	Kleoige U. 11	lebes 105	J. MAN ST

59046



F	5	Ph
	WITH	correct age is especially important.
	,Y,	mpo
	WRITE PLA	ecial
	ITE	esp
	WR	15
	田田	20
	PLEASE	rect
	PL	or

B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR INSTITUTION 1501 Ralworth & Wenue Road 1501 Ralworth & Wenue Road 2	B-635 53 3480 BIRTH NO.	BALTIMORE CITY HE		.53 Registered No.	3480
3. PLACE OF DEATH. A Baltimore City, Maryland 1501 Ralvorth **Levenue Road* Docation 1501 Ralvorth **Levenue Road* C. Length of stay in Baltimore 1502 Ralvorth **Levenue Road* Dosy 1501 Ralvorth **Levenue Road* C. Length of stay in Baltimore 1502 Ralvorth **Levenue Road* Dosy 1501 Ralvorth **Lev			NER	OF	1052
1501 Ralworth avenue Road C. Length of stay in Baltimore Life Mos. S. SEX O. COLOR OR RACE 7. SINGLE MARRIED. Mary 100. DAYS 15. SEX O. COLOR OR RACE 7. SINGLE MARRIED. Mary 110. USUAL OCCUPATION (Gin-klaid) Mary 120. Ma	A Baltimore City, Maryland B. FULL NAME OF (If not in hosp	ital or institution, give street address or	4. USUAL RESIDENCE (Wh	ere deceased lived, If ins	titution: residence before admission
C. Length of stay in Baltimore S. SEX C. COLOGO RO RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In) years fliber (Inst Elie Nat Elie Nat Elie Nat Elie Nat N	INSTITUTION	alworth avenue Road Yrs.	Baltimore	7-0	r e l'APAL and giv township
Norman W. Bortner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or makes of service) No None 16. SOCIAL SECURITY NO. 17. INFORMANT NO NO NONE 18. \$\frac{1}{2}\text{O}_1\$ CAUSE OF DEATH Chis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITIONS, IT ANY, GIVING RIGHT OF THE DISEASE OR CONDITIONS, IT ANY, GIVING RIGHT OF THE DISEASE OR CONDITIONS CONTRIBUTIONS OF OPERATION 19. ANTECEDENT CAUSE DISEASES OR CONDITIONS, IT ANY, GIVING RIGHT OF THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION 19. ANTECEDENT CAUSE WAS 19. PLACE OF INJURY (s.g. in or UNDERLYING CONDITION CAUSING IT. 19. ANTEC OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. ANTEC OF OPERATION 19. ANTEC OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTO	5. SEX 6. COLOR OR RACE Male White 10A. USUAL OCCUPATION (Give kinds work doneduring most of working life, even if retired Real Estate & Property	Life Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 108. KIND OF BUSINESS OR INDUSTRY	August-7-1903 11. BIRTHPLACE (State or fore Baltimore, Maryla)	9. AGE (In years last birthday) Month	T Year If Under 24 Hours S Days Hours Min CITIZEN OF WHAT COUNTRY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 210. LEXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 211. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 212. LIMITED OF DEATH. 213. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 214. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 215. PLACE OF INJURY (a.g., in or NUTLE AND	15. WAS DECEASED EVER IN U. S. ARMI (Yes, no or unknown) (If yes, give war or dat	ED FORCES? 16. SOCIAL les of service) SECURITY NO.	Harriet Simpson	ADD	
To the disease or condition causing it. 19A. Date of operation 19B. Major findings of operation 20. Auto yes X 21a. External cause was underlying or contrib. Underlying or contrib. 21a. Time (Month) (Day) (Yeer) (Hour) 21b. Time (Month) (Day) (Yeer) (Hour) 21c. Injury occurred injury occur? 21c. Time (Month) (Day) (Yeer) (Hour) 21c. Injury occurred injury occur? 21c. Time (Month) (Day) (Yeer) (Hour) 21c. Injury occurred injury occur? 21c. Time (Month) (Day) (Yeer) (Hour) 21e. Injury occurred above, held an autopsy thereon and the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes X, accident of the memory of the principle	DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	I DIRECTLY ATH of dying, e.g., cans the disease, caused death.) JSES (B) (B) (B) (COTONA) (B) (B) (COTONA)	ry artery sclerosi	s	INTERVAL BETWEE
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTO 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION	T NOT RELATED			
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (e.g., in or Underlying OR CONTRIB. OF INJURY OCCUR? OF INJURY OCCUR		198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21b. TIME (Month) (Day) (Yeer) (Hour) 21c. INJURY OCCURRED 21c. HOW DID INJURY OCCUR? 22c. I certify that I took charge of the remains described above, held an autopsy thereon and the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes (), accident (), suicide (), homicide (), undetermined 23a. SIGNATURE 24a. BURIAL. CREMA- 24b. DATE 124c. NAME of CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) Burial 25. FUNERAL DIRECTOR ADDRESS ADDRESS	O 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB	about home, farm, factory, street, office bldg., e		in Baltimore City, give	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined	Z 21D. TIME (Month) (Day) (Year	WHILE AT NOT WHILE	21f. HOW DID INJURY	OCCUR?	
238. CHIEF MEDICAL EXAMINER 23C. DATE SIGN ASSISTANT MEDICAL EXAMINER ASSIS	the evidence obtained by	rge of the remains described a y said Autopsy, Inspection or I	nquiry, find that said deco	spection or Inquiry cased died on the c	hereon and from
Burial April-11-195 Druid Ridge Cemetery Pikesville, Varyland DATE RECEIVED BY REGISTRARS SIGNATURE LOCAL REGISTRAR 25. FUNERAL DIRECTOR ADDRESS	23A. SIGNATURE	Froher M	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	AMINER 23c. I	DATE SIGNED
VS 151 0 . 4707 4 City #1.	Burial April- DATE RECEIVED BY REGISTRAF	11-195 Druid Ridge	Cemetery Pik	esville, Mary Al 108 W. North	land



3481 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH

3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins					
B. FULL NAME OF (If not in hospital or institution, give street address of		before admission				
HOSPITAL OR location		wite RLERAL and giv				
INSTITUTION 630 E. 35TH ST.	BALTA	township				
Yrs.	D. STREET ADDRESS (If rural, give location)					
Mos						
c. 19th of stay in Baltimore Days						
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der Vest II Under 24 Hours Days Hours Min				
10A. USUAL OCCUPATION (Give kind of work doceduring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF				
work doceduring most of working life, even if retired INDUSTR	"I MO.	WHAT COUNTRY				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
FOUND MUDON	FUTARETH THOME	0				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	LLILADETH TUKNE	1				
(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS				
NO 1215-10-8782	LIME B. MURRY 4920 IVANH	OF AVE				
18. /LOAL . CAUSE	OF DEATH	INTERVAL BETWEE				
DISEASE OR CONDITION DIRECTLY		ONSET AND DEAT				
LEADING TO DEATH	Carana					
heart failure, asthenia, etc. It means the disease.						
injury or complication which caused death.) DUE TO	V					
ANTECEDENT CAUSES	ANTECEDENT CAUSES					
Z (B)	(B) Cenging, Res loves					
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Ton on On i	2.00				
(C)		20 7/2.				
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED	home					
TO THE DISEASE OR CONDITION CAUSING IT.	BATION					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg		YES ND				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, office bidg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?)						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?					
WHILE AT NOT WHILE	E					
m. WORK AT WORK	, ,					
22. I hereby certify that I attended the deceased from		that I last saw th				
deceased alive on 4/6 1053 and that death occa	urred at II ISm from the causes and on the	date stated about				

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

53

3481

(State)

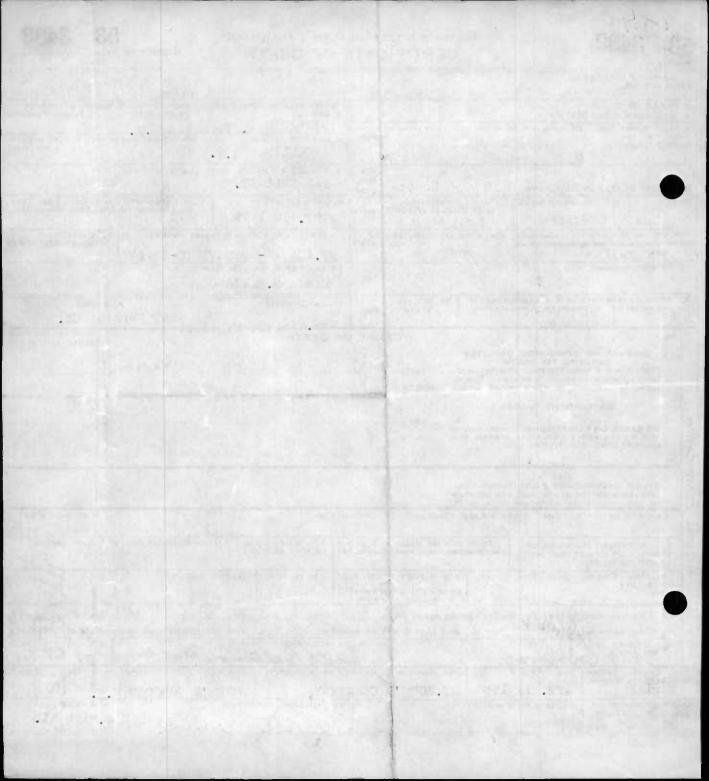
DATE RECEIVED BY

25. FUNERAL DIRECTOR

ADDRESS

DR. PERILLA

5 BI	24 3 348 RTH NO.	032			EALTH DEPARTMENT E OF DEATH	Registered	53 No	3482
	NAME OF D ype or Print)	ECEASED THE RESA	ME	CCHELLA		OF DEATH APR	11 8	, 1853
	PLACE OF D Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE ()			tion : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or instituti	ion, give street address or location)		ooklin N. V. foutside corporate lim	its, write	
		ALTIMORE (E	ENEISH		BROOKLIN N.Y			township)
4	egth of s	tay in Baltimore		5 Months Mos.	122 HULL ST.	rural, give location)		
5.	SEX	6.COLOR OR RACE	WIDOW	E. MARRIED, PED, DIVORCED (Specify)	SEPT. 18 1879	9. AGE (In years last birthday)	M Under 1 Y Months D	Year Huder 24 Hours Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)		ITIZEN OF
	HOUSEWI	IFE	НО	ME	ST.AGATA - BENE			
13	FATHER'S	IAME			MARIA G. DAMIAN			
15 (Ye	MAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	289 Her	ADDRES	
_	18. 204	/ 1			OF DEATH	liere	-	TERVAL BETWEEN
ERTIFICATION	(This does heart failu Injury or DISEASES	E OR CONDITION LEADING TO DEA' not mean the mode re, asthenia, etc. It mea complication which ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) (ING CONDITION LA	TH of dying, e. g ons the disease caused death SES FANY, GIVIN STATING TH	e, .) DUE TO (B)	MYE KO GENOUS	Ferreni		NSET AND DEATH
ERT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
U				FINDINGS OF OPE	RATION		2	20. AUTOPSY?
DICAL	NON							YES NO
ш		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in man, factory, street, office bldg.,		If in Baltimore City	, give ex	act location)
Σ	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE							
	22. I hercb	y certify that I at				APRIL 8, 19.		
	23A. SIGNATURE	live on a ful 8			rred at 1:30 h m., from 1238. ADDRESS	the causes and on		te stated above DATE SIGNED - / - 8 - 5 3
24 TIC	AA. BURIAL (S ON REMOVAL (S Burial	CREMA- 24B. DATE	1	ST. JOHN'S CEM		N'S BOROUGH		inty) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 UNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 322 S. High St.							
		4 3 444 444 444	22					



BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DOYANAS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) JauARE BALTO. LOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore HISHWay 12)0 GOLLOW Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH It Under 1 Year 9. AGE (In years) last birthday) Months Days Hours Min. MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork dope during most of working life, even if retired) INDUSTRY WHAT COUNTRY? GREECE 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 005 TAV Thelma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or ooknowo) (If yes, give war or dates of service) SECURITY NO. LOSP. CHAR INTERVAL BETWEEN CAUSE OF DEATH 03.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ION APPROVED UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CHIEF OR ASST, MEDICAL EXAMINER. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., io or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ACCIDENT 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 1230 Edison Highway HOM C 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE hell over and that death occurred at 4 15, pm to 2. I hereby certify that I attended the deceased from_ , 19 I, that I last saw the

deceased alive on 4-23A. SIGNATURE

P.m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL CHEMA-24B. DATE 24D. LOCATION (City, town, or county)

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

	Stell Stell STELL			
E 0818 84	707 (74.60 a) (-1) (1.42.5 d) (-1)	HITO EROUTEAS		san, s
			May to the second	
				reu agrici
				- INTERNATIONAL PROPERTY.
7	MA SOUR SILVENS			
1				SOLATION AND AND AND AND AND AND AND AND AND AN
		THE RESERVE OF THE PARTY OF THE		1000
				TAPE OF
100				
	O TO THE PART OF T			,

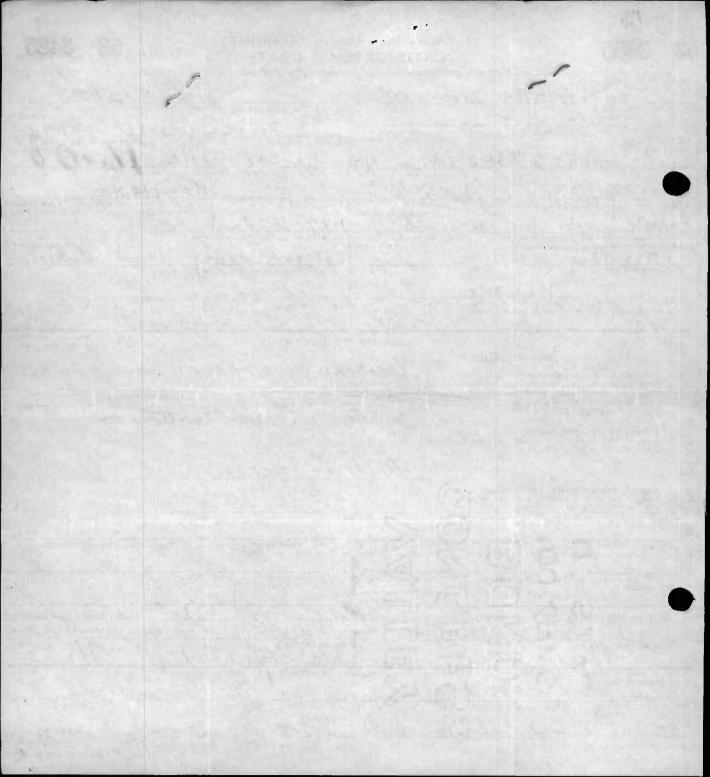
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RISIDENCE (Where deceased lived, if institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate livits, write NORAL INSTITUTION wnship Yrs. (If rural, give location) STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR PR RACE 7. SINGUE MARRIED WIDOWED, DIVORGED (Specify) last Nirthday) Months Days Hours Min. lingle 104 JUSUAL OCCUPATION (Givekind of 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work sone during most of working life, even if retired) aborer information s of death cle 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN US ARMED FORCES!
(Yes, no or unknown) Alf yes, give wat or dutes of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY mportant 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I certify that I took charge of the remains described above, held an TUTOPS thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased hied on the day stated above, PLEASE WRITE correct age is esp and death in my opinion resulted from: natural causes B, accident \(\subseteq \), suicide \(\subseteq \), honlicide \(\subseteq \), undetermined \(\subseteq \). 238. CHIEF MEDICAL, EXAMINER..... 23A. SIGNATURE 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER.. MEDICAL INVESTIGATOR 244. BURIAL, CREMA-248, DATE 240 NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) TION REMOVAL (Specify) vellonal lin DATE RECEIVED BY NUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Iuntington 151

BALTIMORE CITY HEALTH DEPARTMENT Registered 53 53 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED DATE (Type or Print) OF (TriersON EMMA Pricila 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If in titution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hyspital or institution, give street address or OUNTY location' (If outside corporate limits, write RURAL and give INSTITUTION township) Ma Yrs. tchellville (If rural, give location) Mos. ngth of stay in Baltimore 9. AGE (1A years) It Under 1 Year It Under 24 Hours last birthday) Months; Days Hours; Min. Daya 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Wid , wed 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTR HOUSEW/te Calvert County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM HorseMan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) { [If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. YONE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Cerebrai (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 16) Hypertensive Cardio-VASCULER VISLAN ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, Arterio- Sclerosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e. g., in or shout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) HOMICIDE (Specify) 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from april 1953. to_ , 192, that I last saw the

deceased alive on and 1, 1933, and that death occurred at 3.30 Am, from the causes and on the date stated above, 23A. SIGNATURE. 238. ADDRESS 23C. PATE/SIGNED

24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATOR 24D, LOCATION (City, town, or county TION, REMOVAL (Specify)

DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

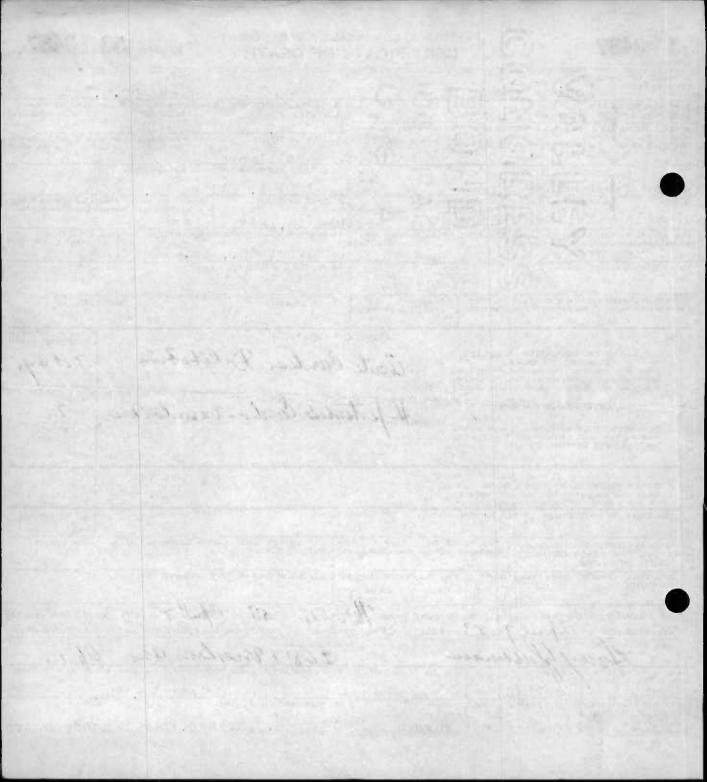
Registered No. 3486

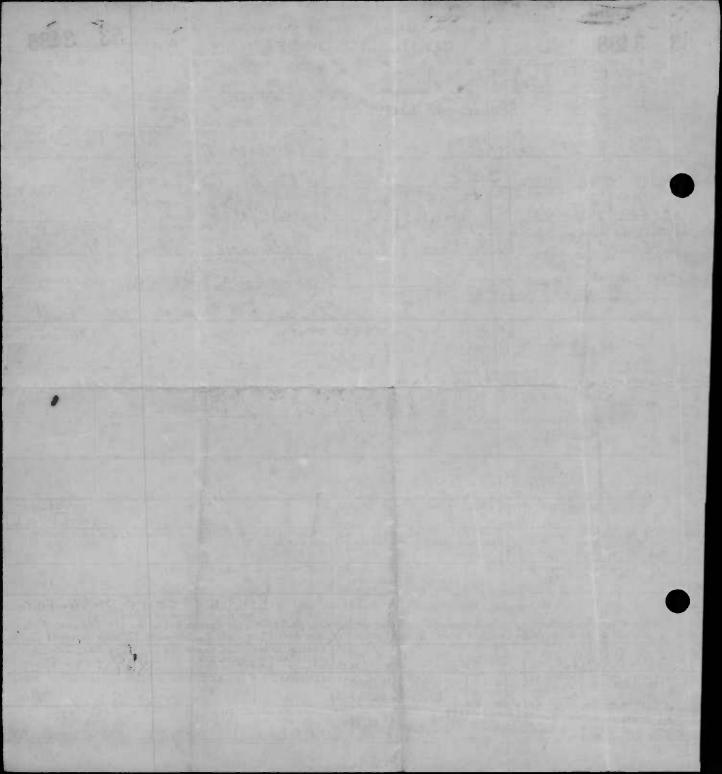
BI	RTH NO.					,	
(T	NAME OF D	SAMUE	L L. FUI	LD .		2. DATE OF DEATH APR:	6 th. 1953
Α.		EATH: City, Maryland			A. STATE	E (Where deceased lived, If B. COUNTY	
	FULL NAME	OF (If not in hospit	al or institution,	give strect address or location)	MARYLAND c, CITY OR TOWN	(75 autolia automata)	<u> </u>
	STITUTION	1108 W11dw	ood Parl		BALTIMORE	(If outside corporate limit	s, write RULAI and give township)
				Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.		tay in Baltimore		Life Mos.	1108 Wild	wood Parkway	
5.	SEX	6. COLOR OR RACE	7. SINGLE, M WIDOWED,	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) I last birthday) Mo	f Under 1 Year If Under 24 Hours onths: Days Hours Min.
N	lale	White	Marr		Sept:21: 187		
rorl	done during most	CUPATION (Give kind of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
	FATHER'S	IAME			Baltimore		USA
-					Nancy Str		
	hillip WAS DECEASE	FUICE ED EVER IN U. S. ARMEI	FORCES 16	S. SOCIAL			
(Ye	s, no or unknown)	(If yes, give wer or date	s of service)	SECURITY NO.	17. INFORMANT		DDRESS
	18. 5/1		10 H 1 2.	16-10-1493	Maria P. F	ита	INTERVAL BETWEEN
ī	0406	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	ГН	Cor	mary	Heartais	one_12 muite
	heart failu	rc, asthenia, etc. It mea	ns the disease,	(A)		,	
	mjury or	complication which		DUE TO			
7		ANTECEDENT CAUS	ES	cary	dio-las	culardi	2000 5-64
0		OR CONDITIONS, I			1 -		Market State of the State of th
AT	UNDERLY	ING CONDITION LA	STATING THE	CC) SO	ole 10-		12
C				(C)	K		
ST!	OTHER S	IGNIFICANT CONDI	TIONS CON-	1	1 +	- ,	
E E	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	cerele	ralarl	erioselez	er: - 8 month
,			9B. MAJOR FII	NDINGS OF OPER			20. AUTOPS /7
CAL	_		•				YES NO X
EDIC	21A. ACCID LYING OI CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., in factory, etreot, office bldg., e		(If in Baltimore City,	give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURR	ED 21F. HOW DID IN	URY OCCUR?	
	INJURY		m. WHIL				
	22. Thereb	u certifu that I att			arch-19-1953 to	asril-6105	that I last saw the
	deceased a	live on al 7ril-	61953 and	that death occur	red at 9: 40 A. P.	m the causes and on ti	
	23A, SIGNA		,		3B. ADDRESS		23c. DATE SIGNED
	. *	51.71	comon			ace	4753
710	AA. BURIAL. (S	CREMA- 24B. DATE Specify)	24c.	. NAME OF CEMETE		b. LOCATION (City, town,	
	rial	Apr:9:1		oodlawn Ce	enetery W	oodlawn Mary	
	CAL REGIST	RAP	s signature	Hisus is	IF Block	how the	ADDRESS
	VS 150		Ü		B.WIPPERT	E SON 1300 EL	taw Place 17
				Contract to the second second	7		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3487

BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Louise Riggin Ward DEATH Apr. 8, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland Home A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION 1501 N. Hilton St Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 15 yrs. 1501 N. Hilton St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years | 1 Under | Year | 1 Under 24 Hours | last birthday) | Months: Days | Hours : Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White Widowed June 13, 1867 85 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Somerset Co., Md. House Wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sterling 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 443X CAUSE OF DEATH DNSET AND DEATH Textensió Cardio-Vascular Dire DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from fffff /5 , 195 3that I last saw the . 191 J. to_ deceased alive on Whal 71953 and that death occurred at m., from the causes and on the date stated above. 23g. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS Mushan 24A. BURIAL CREMA- 24F DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Sunny Ridge 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Howard H. Hubbard, 2503 Edmondson Ave





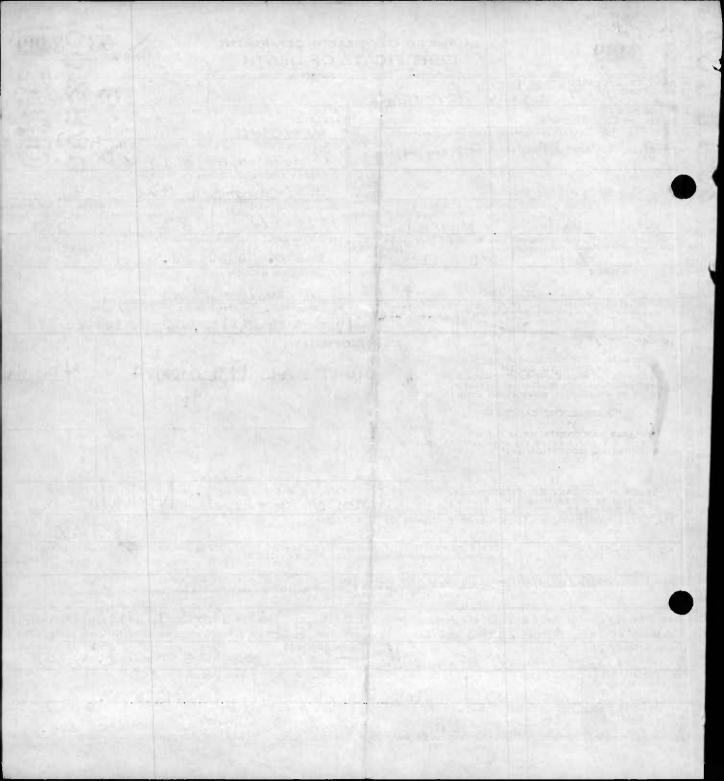
53 3489

the canalis of detractional legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3489

1	RTH NO.	00		CERTIFICAT	E OF DEATH	Registered 1	No
1. (T	NAME OF D	AA	ston	RITTER		2. DATE OF DEATH	RIL 7, 1953
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	Where deceased lived, If B. COUNTY	institution: residence before admission)
В.	FULL NAME	OF (If not in hospit	Carrier and Carrie	tion, give street address o			- 67
	ISTITUTION	Lutheran Hospi	.tal of 1	Manyland, Inc.	BALTIMORE	11 .	ts, write HUBAL and give township)
	ength of s	tay in Baltimore	Life	Yrs. Mos. Days	2232 01	son Ave	
5.	Male	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year on the Days Hours Min.
		CUPATION (Give kind of of working life, even If retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
		ksmith	200	Railroad	Balto. Coun	ty Md.	WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	/
		omas H. Ri			Marcella	Grimes	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS V
					Mrs Cora Ritt	er,429 Ing]	Leside Ave
	18. 49	ox .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		10	D		11- 11
	(This does	s not mean the mode oure, asthenia, etc. It mes	of dying, e.	g., (A)	LATERAL PU	ENWONTH	T MO WHO
	injury or	complication which	caused death	h.) DUE TO			
		ANTECEDENT CAU	SES				
O	DISEASE	S OR CONDITIONS,	F ANY, GIVII	(B)		***************************************	
FICATION	RISE TO	THE ABOVE CAUSE (A)	STATING TI				
D.							
보		н		(C)	<u></u>		
CERTI	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED () N	mic Glomen	day Nephr	rtis :
	19A. DATE C	OF OPERATION V	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
S	214 ACCIDI	ENT, SUICIDE,	21m PI /	ACE OF INJURY (a. g.,	in or 21C. WHERE DID (If in Baltimore City,	YES NO
MEDICAL	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.	etc.) INJURY OCCUR?	ii iii battimore Oity,	give exact location)
2	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCUR		Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I at	tended the	deceased from Ap	rel 6, 1953, to 1	tpril 7, 195	3 that I last saw the
	deceased a	live on April	7,1953,	and that death occu	arred at 3 m., from		he date stated above.
	23A, SIGNA	William	AK	gran Mas	dutheran Hospi	tal of monglan	23c. DATE SIGNED
2. TI	4A. BURIAL. ON. REMOVAL (S	CREMA. 24B. DATE		24c. NAME of CEMET	ERY OR CREMATORY 24D. I	OCATION (City, town	, or county) (State)
	Buri	al April	10/53	Salem Lut		tonsville 1	rd .
	ATE RECEIVE		SSIGNATU	JRE	25 FUNERAL DIRECTOR	4202	ADDRESS
1	DD 8-1	1 Tunta	yston !	Velliama A 2	Harry H Mus	TOL Edmond	lson Ave.



BALTIMORE CITY HEALTH DEPARTMENT Registered No 3491 CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: January USUAL RESIDENCE (Where deceased lived, if institution: residence before admiss A. Baltimore City, Maryland before admissi (If not in pospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate li hits, write RURAL and give township) Yrs. olf rural, give location) D. STREET ADDRESS Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates a service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES arterischerte Vascular die RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 1949 to april 22. I hereby certify that I attended the deceased from. . 19 3 that I last saw the 1903 and that death ocurred at 10.00 m., from the causes and on the date stated above. deceased alive on Com 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED levedu 24A. BURIAL, CREMA-24c. NAME of CEMETERY OR TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

clearly

death

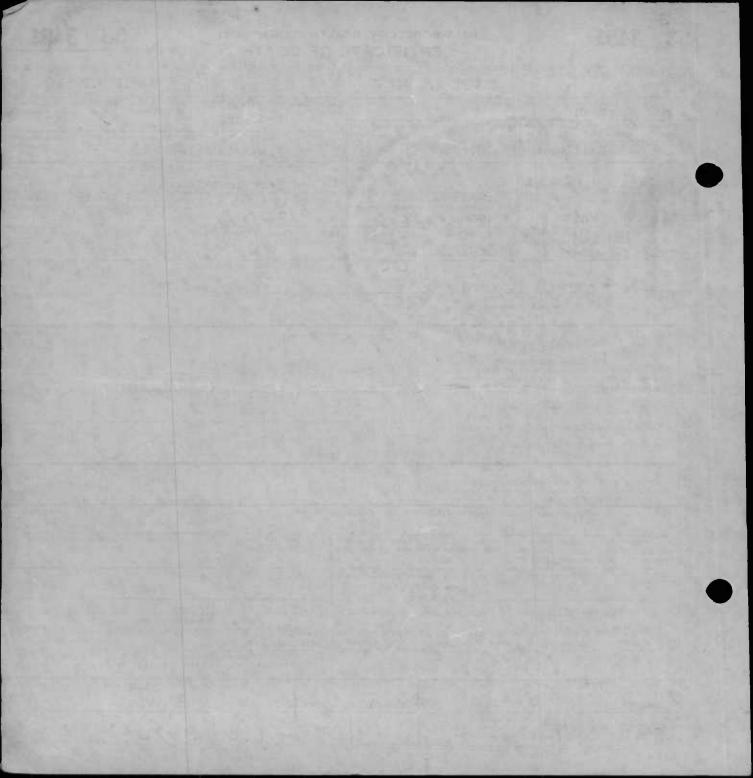
of

REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

151

OF April 8,1953 B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (In years, If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours! Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) thereon and from (State)

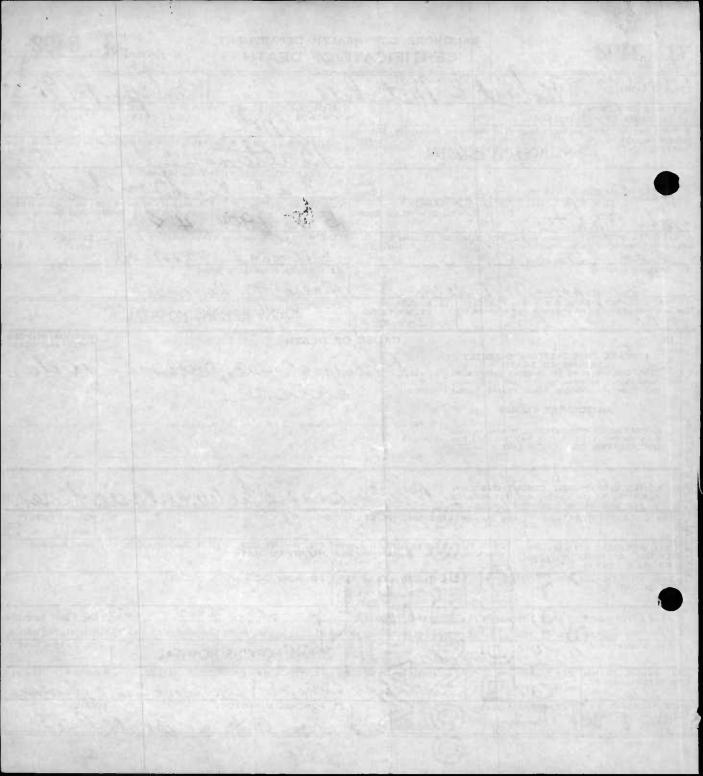


32 4 33 3492 BIRTH NO.
1. NAME OF DECEA (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT

53 3492

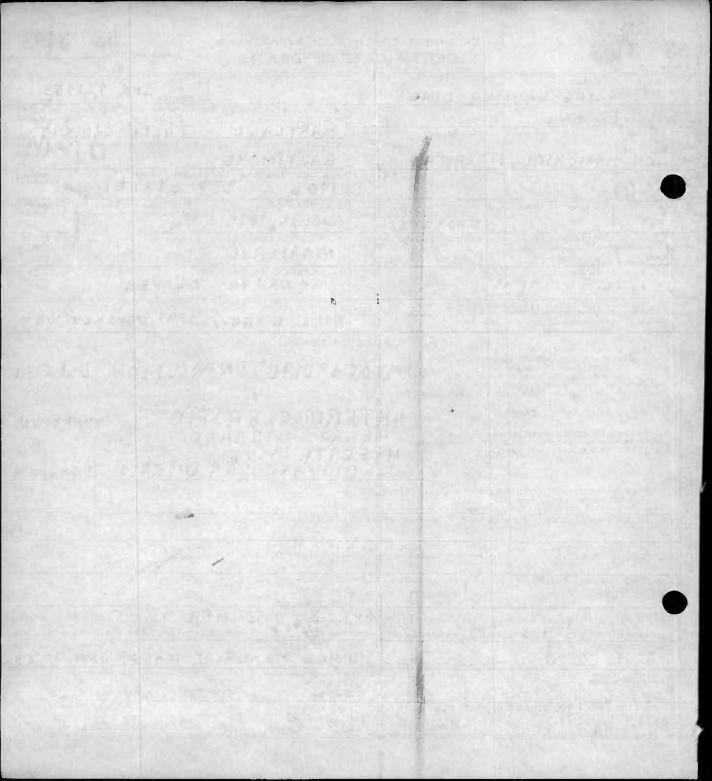
BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	
1. NAME OF DECEASED Robert (Type or Print)	E Mitche	ell_	2. DATE OF DEATH OF.	7-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit		A. STATE	here deceased lived. If insti B. COUNTY	tution residence before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS HO	location)	10001	outside corporate innits, wh	ite RURAL and give township)
c. Ogth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If the Street Address)	Mal, give (occition)	Of.
5. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH 5-10-1904	9. AGE (In years If Under Months	1 Year If Under 24 Hours Days Hours Min.
ork done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Cord.	BALTIMORE, 1	ME	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	NS HOSPITAL ADDR	ESS
18. 493× and 002×	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISÉASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea ANTECEDENT CAUSES	s., (A)	emenia, p		10da.
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONDITION CAUSING	IT. July	onary Tule	esculosis	Hears
	R FINDINGS OF OPERA	U		20. AUTOPSY?
	_ACE OF INJURY (e. g., in s, farm, factory, street, office hldg., et	ior 21c. WHERE DID (If	in Baltimore City, give	exact location)
210. TIME (Month) (Day) (Year) (Hour) FINJURY m.	WHILE AT NOT WHILE AT WORK	2 1F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended th	e deceased from 4	- 6 , 1953, to 4		at I last saw the
23A. SIGNATURE	, and that death occur	JOHNS HOPKINS H	OSPITAL 23	ate stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL 4/10/5-3	OAK LAWN	0 0	CATION (City, town, or co	Maerlan
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR		Paul fo
VS 150	574	24		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE OF APR. 7, 1953 (Type or Print) ALICE LAVINIA DEANE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE hefore admission) MARYLAND BALTIMORE CITY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HOSPITAL BALTIMORE UNION MEMORIAL 74 Yrs. D. STREET ADDRESS (If rural, give location) 330 STREET igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | If Under 24 Hours | Min. 5. SEX AUG. 26, 1878 SEPARATED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work dependering most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME / L. SUMMERS ROXANNA DLIVER MHOL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO. 1741 WAVERLY WAY No RUSSEL S. SHAW NTERVAL BETWEEN CAUSE OF DEATH 420,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MYOCARDIAL INFARCTION 5 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARTERIOSCLEROTIC DNKNOWN ERTIFICATION HEART DISEASE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIOVASCULAR DISEASE UNKNOWN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! I attended the deceased from APR. 3, 1953 to HPR, 1953 that I last saw the 3, 1953, and that death occurred at 440, Pm., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from APR. 3 deceased alive on APR 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED UNION MEMORIAL HOSP. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE TION REMOVAL (Specify BURIA ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH HPRIL (Type or Print) HOMER LEE BLANKENSHIP 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: MARYLAND before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL, location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) ALTIMORE D. STREET ADDRESS (If rural, give I cation) Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years | H Under | Year | H Under 24 Hours | Months: Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 4-12-16 WHITE MARRIED 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY VIRGINIA MERCHANT DEAMAN DHIPPING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **BLANKENSHIP** LIZABETH ALBERT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. ELMER BLANKENSHIP 3852 FALLS ROAD 4-12-9491 INTERVAL BETWEEN OF DEATH CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY TLEURAL EFFUSION LEADING TO DEATH WEEKS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PNEUMONIA & WEEKS DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CHRONIC ALCOHOLISM YEARS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL

(If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

21F. HOW DID INJURY OCCUR?

WORK

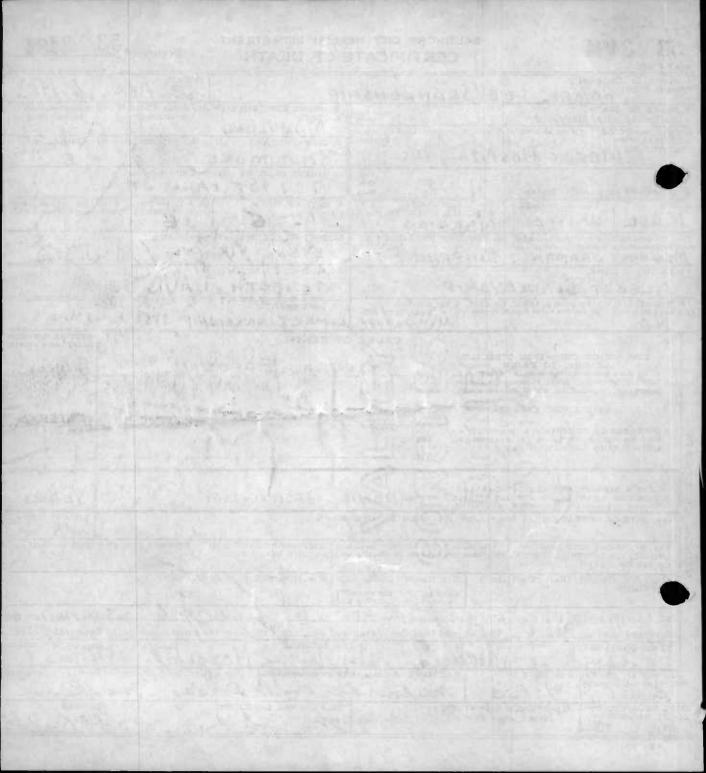
22. I hereby certify that I attended the deceased from APRIL 1953 to APRIL 6, 1953 that I last saw the 1953, and that death occurred at 7:20 Pm., from the causes and on the date stated above. deceased alive on 1402 6 23¢. DATE SIGNED

234. SIGNATURE

24A. BURILL CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETER

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

VS 150

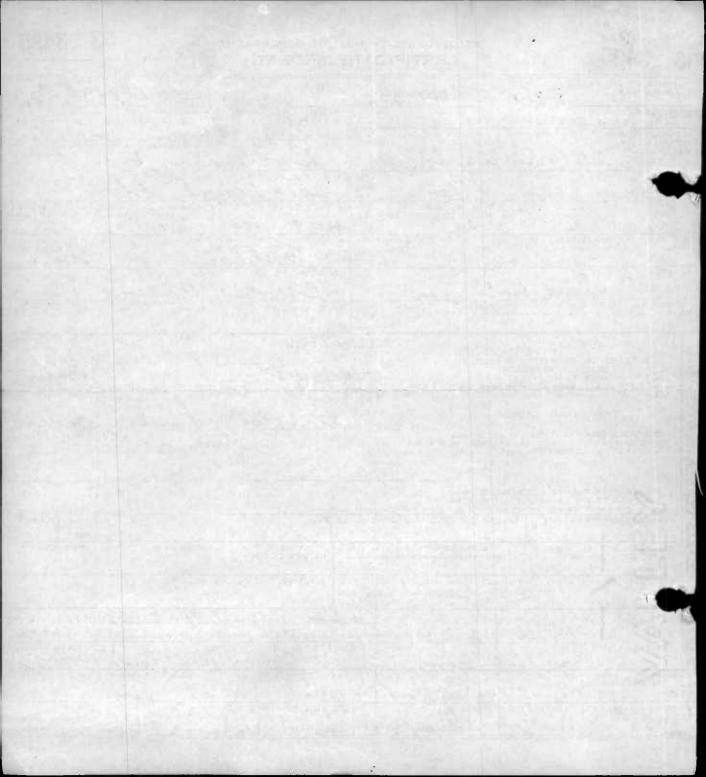


15 3495

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3495

F.	HRTH NO.	U .		CERTIFICATI	E OF DEATH	Registere	1 140.			
	NAME OF D	John	, R	obinson		2. DATE OF DEATH	april 53			
A.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived,	If institution: residence before admission)			
H	FULL NAME OSPITAL OR ISTITUTION	2610 Rec	lzely	on, give street address or location)	C. CITY OF TOWN	(If outside corporate li	mit, write RURAL and give township)			
4	ugth of s	tay in Baltimore	Li	Yrs. Mos. Days	2610 Res	(If rural, give location)	/			
5.	SEX	6. COLOR OR RACE	7. SINGLE. WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 4 - 8 - 189		If Under I Year II Under 24 Hours Months Days Hours Min.			
l C orl	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S I	shand R	obin	am.	14. MOTHER'S MAIDEN	NAME adhr	ns			
15 Ye	s. WAS DECEASI	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (B) (C) (C) (C)										
אר		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?			
ווווווווווווווווווווווווווווווווווווווו	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLAC about home, fa	CE OF INJURY (e. g., in rm, factory, street, office bldg., e	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)			
TIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on I good, 1953, to I good, 1953, to I good, 1953, to I good, 1953, and that death occurred at form, from the causes and on the date stated above. 23A. SIGNATURE CONCREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS CAL REGISTRAR ADDRESS ADDRESS 25. FUNERAL DIRECTOR ADDRESS ANDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ATE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR ADDRESS ADDRES									
	VS 150	1999	,		1					

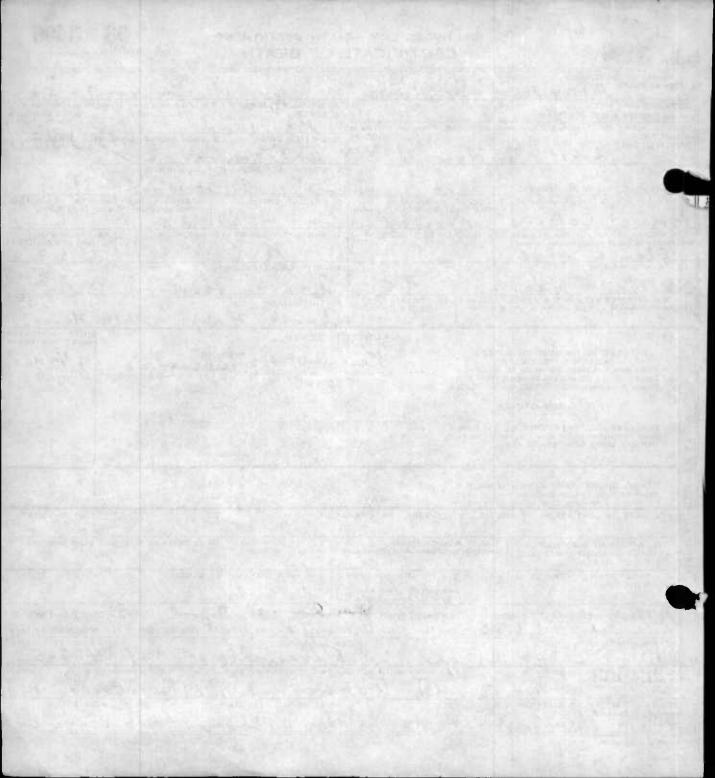


-5	50
53RTH	3496

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3496 Registered No.

JBARTH NO.	
1. NAME OF DECEASED (Type or Print) Navy Sm; 7h	2. DATE OF W - 7 - 53
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write HURA), and give township)
22// M. Howard ST.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore 3 % S Days	2211 1. Howard ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours
7emale Colored WIDOWED, DIVORCED (Specify)	6 - 8 - 1927 2 S Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
House Wife	M. C. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Hobbs 1.C.	annie Howard M.C.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS V 87.
70	Unnie Hobbs 2219 Howard
18. 002 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Permanet 1. 1 1/2 420
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	manueles 112 pt.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	the 1957, to april , 1953, that I last saw the
deceased alive on yell 7, 1953, and that death ocur	
23 SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify)	1 12 14 0.4. 11.1
DATE RECEIVED BY LEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Wm. A Jackson 916 Rema. ave.
VS 150	



	. The
	ally supplied.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLA LY, WITH UNFADING INK. Every item of information should be collaborated. Illy supplied.
	LY, WITH
	PLEASE WRITE PLA correct age is especially

53	349	17		ВА				ALTH DEPART		Re	gistered	53 1 No.	_	3497
1.	NAME OF E	DECEASE	D	AT 1						2. DATE	Amo	-47	77 30	252
	PLACE OF E		arvland	AL	BERT	н.	INL	MBLE 4. USUAL RESIDI A. STATE	ENCE (Whe				itution:	953 residence residence
В.	FULL NAME OSPITAL OR ISTITUTION		if not in hospit	al or institu	ution, giv	e strect	address or location)	c. CITY OR TOWN		tside cor	porate li	Rts, w	1	and giv
1	W		Union Me	emoria	1 Hos	pita		Balti			10			V township
	Length of	atox in 1	Paltimona	65 ve	ars		Yrs. Mos.	D. STREET ADDRE	W. 40t					
_	. SEX		OR OR RACE	7. SING	LE. MAF		Days	8. DATE OF BIRTH		. AGE (in years		r 1 Year	Il Under 24 Hours
I	Male	W	nite	Marr		VORCE	D (Specify)	Jan. 12, 18	84	69	rthday)	Months	Days	Hours Min.
	A. USUAL OC			10B. KIN	D OF B		SOR	11. BIRTHPLACE		gn coun	try)	12.	CITIZE	
C	arpenter			Railr	oad !			Maryland					ซาร	COUNTRY
	3. FATHER'S							14. MOTHER'S MA		E				
	homas Tr							Ida Hoshall						
(Ye	5. WAS DECEAS se, no or unknown)	(If year	IN U.S. ARMEE give war or date	FORCES?		ECURI -05-2		Mrs. Zula	E. Trin	ble	1309	ADDF		Stree
RTIFICATION	(This doe heart fail injury or DISEASE RISE TO	LEADI es not me ure, asthe complica ANTECI ES OR CO THE ABOV	I CONDITION NG TO DEA' an the mode of nia, etc. It mea ation which of EDENT CAUS ONDITIONS, 1 //E CAUSE (A) ONDITION LA	TH of dying, e ins the dise caused doa SES F ANY, GIV	th.) T		Hypert cardi	ensive and a	**************	scler	cotic		ONSET	AND DEAT
ERTIF	TRIBUTIN	G TO THE	II CANT CONDI DEATH, BUT OR CONDITION	NOT RELA	TED		••••••							
O	19A. DATE	OF OPER	ATION 1	9B. MAJO	R FIND	INGS C	OF OPERA	TION					20. A	UTOPSY?
EDICAL		IG OF	JSE WAS R CONTRIB- OF DEATH.	21B. PL about home	ACE OI	F INJUF tory,etreet,	RY (e. g., in office bldg., e	or 21c. WHERE D		n Baltin	nore City	, give		
Σ	210. TIME OF INJURY		(Day) (Year)		WHILE A		NOT WHILE	D 21F, HOW DID	INJURY C	CCUR?				
	the cv	ridence e eath in	btained by	said Au	topsy,	Inspect	tion or I	\mathbf{X} , accident \square ,	Autopsy, Ins said dece suicide	pection ased d , homi	or Inquir lied on cide [the d	iay sto	ited above
	23A, SIGNA		Byn	rishe			M.		EDICAL EX	AMINEF	3	Apri		1953
TI	on, REMOVAL (Specify)	April 1	, 195		ame of race		enut Ridge)		- 63	Co.		rylar	(State)
	ATE RECEIVE		REGISTRAR.	s signat	URE	ULLA-	M.Z.	25. FUNERAL DIR Burgee, Fur	15	ome	3631		DRESS	
V	S 151		6	}		5/2	50	Horac	e F.K	Dur	pee			

- stone le lange THE CONTRACTOR OF THE CONTRACTOR ASSESSMENT HOLE TO DESCRIPTION OF PROPERTY OF THE PROPERT MAF/94453

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3498

Registered No_ BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Frank Discount Ditzel DEATH April 7. 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 4940 Eastern Ave., Balto. City Hospitals igth of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months: Days Hours Min. 8. DATE OF BIRTH Mala White July28. 1874 Single 10A, USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Self Mary land Tinner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Ditzel Elizabeth Fear 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS None B. C. H. 4940 Eastern Ave. (records) No 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Embolism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Thrende - Phlebitis, Removal Veins. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE [1953, that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 8:10A m., from the causes and on the date stated above, deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Balto, Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248 DATE Baltimore (Hampden) Md. 4/10/53 St. Marv's Hampden Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

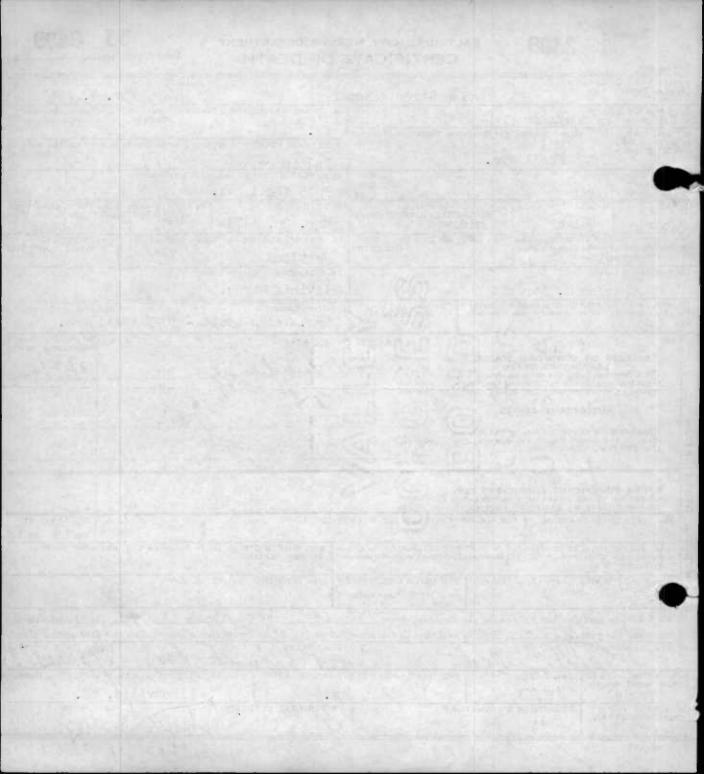
- Cobby . I style measured the style . The style is To the second second The case of the state of the course of the A CALL CALL THE STATE OF THE ST

18-	16	3499
	00	

BALTIMORE CITY HEALTH DEPARTMENT

53 3499
Registered No.

			CERTIFICATE	OF DEATH	registere	u 110.	
BIRTH NO.							
1. NAME OF DE (Type or Print)	CEASED	Louis	se Streett Rop	er	2. DATE OF DEATH A	pr. 7, 1	953
3. PLACE OF DE A. Baltimore Ci	ity, Maryland			4. USUAL RESIDENCE (W		. If institution :	
B. FULL NAME OF HOSPITAL OR INSTITUTION			ion, give street address or location)	C. CITY OR TOWN (If	outside corporate li	mits, write RU	
	3025 Abell A	lve.		Baltimore	17	02	township)
c. Length of sta	ay in Baltimore		Yrs. Mos. Days	3025 Abell Ave.		P 5.77	
	6. COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under I Year Months: Days	Il Under 24 Hours
female	white	wide	owed	Mar. 26, 1873	last birthday)		
	UPATION (Give kind of working life, even if retired) Vife	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZ WHAT	EN OF COUNTRY?
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME	1.	
	les H. Stree			Lavinia Streett			
(Yes, no or unknown)	EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO. NO	Mrs. Helen Dyot	t - 3025 A	ADDRESS bell Ave	•
(This does heart failure in jury or of A	E OR CONDITION LEADING TO DEAT not mean the mode of, asthenia, etc. It mea- complication which complication which complication which complication which complication with the complication of the complication	FH dying, e. g ns the disease aused death EES FANY, GIVIN STATING TH	(A) Mitra		á	ONSET 2/1	2/33
TRIBUTING	GNIFICANT CONDITION THE DEATH, BUT	NOT RELATE	D				
19A. DATE OF	OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		AUTOPSY?	
	NT WAS UNDER-		CE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore Cit	y, give exact 1	location)
CAUSE OF D	CONTRIBUTING [about home, f	arm, factory, street, office bldg., e	.) INJURY OCCUR?			
ID. TIME (I	Month) (Day) (Year)	,	21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?		
	certify that I att			12 , 1953 to		53 that I l	
deceased ali	RE	bert	2:	red at 1.20 P.m., front to 3B. ADDARSS Gostack Hughl		1 78c. DA	TE SIGNED
24A. BURIAL, CI TION, REMOVAL (Sp Burial	REMA- 24B. DATE pecify)			RY OR CREMATORY 24D. LO		wn, of county)	(State)
DATE RECEIVED LOCAL REGISTR	BY REGISTRAR	SSIGNATU	RE	28 FUNERAL DIRECTOR	skuer	+ XM	3 1
VS 150	(9		()	Satto.	17, M	rd.



The	
y supplied.	- 44
111	
very item of information should be o	ite the causes of death clearly and leg
INK. E	please wi
LY, WITH UNFADING INK	Physicians:
LY, WITH	Ly mportant.
PLEASE WRITE PL 1X, WITH UNFADING INK. 1	ge is especia
PLEAS	correct a

	H-4 53	3500	ВА	LTIMORE CITY H				53.	3500	
	BIRTH NO.			CERTIFICAT	E OF DEAT	H	Registe	red No.	0000	
	1. NAME OF C (Type or Print)	April	6, 1953							
-	3. PLACE OF D	City, Maryland			4. USUAL RESID	ENCE (Whe		ed. If inst		nce
	B. FULL NAME HOSPITAL OR		al or institu	tion, give street address or location	Mar	yland			•	
	INSTITUTION	C+ Toponhi	. Usani		C. CITT OR TOWN	rite RURAL at	nd giy vnshi			
	7.1	St. Joseph's	s nospi	Yrs.	Baltimore o. STREET ADDRESS (If rural, give location)					
		stay in Baltimore		Mos. Days			arles St			
	5. SEX	6.COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRT	H 9	AGE (In year	rs H Under	Year If Under	24 Hour
-	Female	White CUPATION (Givekinder	10- 10-11	married	June 4, 190	0	52			
	ork done during most	of working life, even if retired)	at ho	O OF BUSINESS OR INDUSTRY	West Virgi		ign country)	12.	WHAT COU	
-	13. FATHER'S I		at III	nne -	14. MOTHER'S MA		Ε			
	Unkr	nown			Unknown					
	15. WAS DECEASI Yes, no or unknown) NO	ED EVER IN U.S. ARMED (if yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mr. Louis G	lass -	1044 S.	ADDR	es St.	
	DISEASE (This does heart failt injury or DISEASE DISEASE RISE TO T	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								DEAT
	I TO THE D	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.								
-11		F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION				YES N	SY?
1		NAL CAUSE WAS	218, PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE E	OID (If in	n Baltimore C	ity, give	exact location	
	UTING LI	G M OR CONTRIB-	S	treet	Kenwood	and Sig		nues	5300	
	OF INJURY	(Month) (Day) (Year)	, ,	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK						
				remains described of					haman and	£
	the evi	idence obtained by	said Auto	ppsy, Inspection or l from: natural cause	Inquiry, find that	Autopsy, Insp	pection or Inquisited ascal died o	uiry n the d	ay stated a	above
	23A. SIGNAT	TURE	K	00-	238. CHIEF MI ASSISTANT M	EDICAL EXA	AMINER	23c. D	ATE SIGNED	
-	24A. BURIAL. C TION, REMOVAL (S BUTIAL	CREMA- 248. DATE (pecify) 4/11/5	1	24c. NAME OF CEMETE Lorraine Co		240. LOC	ATION (City, odlawn,	town, or co		state)
-	DATE RECEIVED	D BY REGISTRAR'S	S SIGNATU		25 JUNERAL DY		ener		DRESS	1
11	1/8	762,2				-	uaen	, ,,,	ACA.	

21m & Theking Y from.